

11683
NORTH GEORGIA COMMUNITY FOUNDATION,

2023 Government

Public Inspection Copy

Form **990**

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

OMB No. 1545-0047
2023
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning , and ending

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

C Name of organization **NORTH GEORGIA COMMUNITY FOUNDATION, INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
340 JESSE JEWELL PKWY. SE
 City or town, state or province, country, and ZIP or foreign postal code
GAINESVILLE GA 30501

D Employer identification number
58-1610318

E Telephone number
770-535-7880

G Gross receipts\$ **36,601,272**

F Name and address of principal officer:
MICHELLE PRATER
340 JESSE JEWELL PKWY SE STE 605
GAINESVILLE GA 30501

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

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

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

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE NORTH GEORGIA COMMUNITY FOUNDATION HELPS PEOPLE AND NON-PROFITS INVEST GENEROUSLY IN THE LIVES OF THOSE WHO CALL OUR COMMUNITY HOME.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	27
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	17,775
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	12,761	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 17,941,942	Current Year 14,494,843
	9 Program service revenue (Part VIII, line 2g)	608,244	501,569
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,056,187	5,240,695
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	128,816	147,646
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,735,189	20,384,753
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	11,544,830	13,439,177
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,056,347	1,112,498
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	260,171	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	806,519	1,102,417
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,407,696	15,654,092
19 Revenue less expenses. Subtract line 18 from line 12	8,327,493	4,730,661	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 106,866,039	End of Year 122,001,601
	21 Total liabilities (Part X, line 26)	5,104,861	4,969,552
	22 Net assets or fund balances. Subtract line 21 from line 20	101,761,178	117,032,049

Part II Signature Block

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

Sign Here
 Signature of officer: **MICHELLE PRATER** Date: _____
 Type or print name and title: **PRESIDENT - CEO**

Paid Preparer Use Only
 Print/Type preparer's name: **J. CHRIS HOLLIFIELD** Preparer's signature: **J. CHRIS HOLLIFIELD** Date: _____
 Check if PTIN self-employed: **P00939610**
 Firm's name: **RUSHTON, LLC** Firm's EIN: **87-1753047**
 P.O. BOX 2917
 Firm's address: **GAINESVILLE, GA 30503** Phone no.: **770-287-7800**

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2023)

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 \$ **14,447,135** including grants of \$ **13,436,177**) (Revenue \$ **196,044**)

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 \$13 MILLION IN GRANTS AND SCHOLARSHIPS.

4b (Code:) (Expenses \$ **411,193** including grants of \$) (Revenue \$ **305,139**)

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 \$ **134,794** 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 **14,993,122**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1a	26		
b	Enter the number of voting members included on line 1a, above, who are independent		
1b	26		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **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 340 JESSE JEWELL PARKWAY SE STE 605
GAINESVILLE GA 30501 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHELLE PRATER PRESIDENT - CEO	40.00 0.00	X		X				228,159	0	29,086
(2) MARK BELL 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) STEVE COOPER BOARD MEMBER	1.00 0.00	X						0	0	0
(6) BLAIR DIAZ CHAIR	1.00 0.00	X		X				0	0	0
(7) CHARLIE FIVEASH BOARD MEMBER	1.00 0.00	X						0	0	0
(8) RANDALL FROST VICE CHAIR	1.00 0.00	X		X				0	0	0
(9) MARY GOWAN BOARD MEMBER	1.00 0.00	X						0	0	0
(10) DON GRIMSLEY BOARD MEMBER	1.00 0.00	X						0	0	0
(11) KRISTI GRIFFIN TREASURER	1.00 0.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week 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) LINDA HARDIE										
(12) BOARD MEMBER	1.00 0.00	X						0	0	
(13) BRIAN HORTON										
(13) BOARD MEMBER	1.00 0.00	X						0	0	
(14) TOM JOHNSTON										
(14) BOARD MEMBER	1.00 0.00	X						0	0	
(15) CHRISTINA JONES										
(15) BOARD MEMBER	1.00 0.00	X						0	0	
(16) TRACY MOON										
(16) BOARD MEMBER	1.00 0.00	X						0	0	
(17) MARY HELEN MCGRUDER										
(17) BOARD MEMBER	1.00 0.00	X						0	0	
(18) STEVE MICKENS										
(18) BOARD MEMBER	1.00 0.00	X						0	0	
(19) ANN NIXON										
(19) BOARD MEMBER	1.00 0.00	X						0	0	
1b Subtotal								228,159	29,086	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								228,159	29,086	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	29,430			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,465,413			
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,815,520			
	h Total. Add lines 1a-1f		14,494,843			
			Business Code			
Program Service Revenue	2a FOUNDATION FEES - OTHER	900099	301,606	301,606		
	b OFFICE RENTAL TO NON PROFITS	900099	139,049	139,049		
	c OTHER	900099	43,139	43,139		
	d ADMINISTRATIVE FEES	900099	17,775		17,775	
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		501,569			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		4,252,085		4,252,085	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real			
			(ii) Personal			
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	17,027,622		
			(ii) Other			
	b Less: cost or other basis and sales exps.	7b	16,038,760	252		
	c Gain or (loss)	7c	988,862	-252		
d Net gain or (loss)		988,610	988,610			
8a Gross income from fundraising events (not including \$ 29,430 of contributions reported on line 1c). See Part IV, line 18	8a		325,153			
			177,507			
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events		147,646		147,646		
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a		Business Code			
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
	12 Total revenue. See instructions			20,384,753	1,472,404	17,775
				4,399,731		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,880,503	12,880,503		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	558,674	558,674		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	228,159	68,448	22,816	136,895
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	656,579	362,862	250,922	42,795
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	44,304	21,598	13,708	8,998
9 Other employee benefits	121,949	59,450	37,731	24,768
10 Payroll taxes	61,507	29,985	19,030	12,492
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	46,449	45,261	743	445
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	23,907	23,907		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	33,190	29,735	2,161	1,294
12 Advertising and promotion	10,853	5,291	3,358	2,204
13 Office expenses	100,480	90,019	6,542	3,919
14 Information technology				
15 Royalties				
16 Occupancy	233,287	209,002	15,187	9,098
17 Travel	41,040	21,345	10,945	8,750
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	85,889	69,772	10,079	6,038
23 Insurance	45,027	40,340	2,931	1,756
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSE	422,370	422,370		
b BOARD AND COMMITTEE EXP	38,046	38,046		
c OTHER	18,433	16,514	1,200	719
d INCOME TAX	3,446		3,446	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	15,654,092	14,993,122	400,799	260,171
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	6,342,622	1	3,977,073
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	315,667	4	346,939
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	20,034	9	23,922
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,512,825		
	b Less: accumulated depreciation	10b 1,226,800	2,430,088	10c 2,286,025
	11 Investments—publicly traded securities	95,841,547	11	113,628,372
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,916,081	15	1,739,270
16 Total assets. Add lines 1 through 15 (must equal line 33)	106,866,039	16	122,001,601	
Liabilities	17 Accounts payable and accrued expenses	79,109	17	48,163
	18 Grants payable		18	
	19 Deferred revenue	20,500	19	12,600
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	5,005,252	25	4,908,789
	26 Total liabilities. Add lines 17 through 25	5,104,861	26	4,969,552
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		96,073,681	27	110,722,302
28 Net assets with donor restrictions		5,687,497	28	6,309,747
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		101,761,178	32	117,032,049
33 Total liabilities and net assets/fund balances	106,866,039	33	122,001,601	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,384,753
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,654,092
3	Revenue less expenses. Subtract line 2 from line 1	3	4,730,661
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	101,761,178
5	Net unrealized gains (losses) on investments	5	8,356,295
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	2,183,915
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	117,032,049

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	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	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and title	(B) Average hours per week 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) TATE O'ROUKE										
(12) BOARD MEMBER	1.00 0.00	X						0	0	0
(21) LYDIA SARTAIN										
(13) BOARD MEMBER	1.00 0.00	X						0	0	0
(22) ROBERT SHIPPEY										
(14) BOARD MEMBER	1.00 0.00	X						0	0	0
(23) BRIAN STEINES										
(15) SECRETARY	1.00 0.00	X		X				0	0	0
(24) JOHN VARDEMAN										
(16) BOARD MEMBER	1.00 0.00	X						0	0	0
(25) JASON VOYLES										
(17) BOARD MEMBER	1.00 0.00	X						0	0	0
(26) BRIAN WHALEN										
(18) BOARD MEMBER	1.00 0.00	X						0	0	0
(27) MARY HART WILHEIT										
(19) BOARD MEMBER	1.00 0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,453,493	14,670,221	20,306,402	17,941,942	14,494,843	80,866,901
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13,453,493	14,670,221	20,306,402	17,941,942	14,494,843	80,866,901
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						20,503,347
6 Public support. Subtract line 5 from line 4						60,363,554

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	13,453,493	14,670,221	20,306,402	17,941,942	14,494,843	80,866,901
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,228,621	2,101,247	5,588,423	2,583,329	4,252,085	17,753,705
9 Net income from unrelated business activities, whether or not the business is regularly carried on	218,796	215,931	224,889	153,053	160,407	973,076
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	318,028	18,336	7,126	8,458		351,948
11 Total support. Add lines 7 through 10						99,945,630
12 Gross receipts from related activities, etc. (see instructions)					12	2,529,602
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	60.40 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	56.73 %
16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (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. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 - 18 - %

19a 33 1/3% support tests — 2023. 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 — 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization []

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c 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>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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 <i>(continued)</i>				
Section D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes			1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			3
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)			5
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.			8
9	Distributable amount for 2022 from Section C, line 6			9
10	Line 8 amount divided by line 9 amount			10
Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

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 **\$ 351,948**

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

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

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

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

Name of organization

Employer identification number

NORTH GEORGIA COMMUNITY FOUNDATION,

58-1610318

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 1,050,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 2,724,701	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 2,194,076	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 839,681	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	\$ 602,459	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	\$ 524,686	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NORTH GEORGIA COMMUNITY FOUNDATION,

58-1610318

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	\$ 480,241	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTH GEORGIA COMMUNITY FOUNDATION,	Employer identification number 58-1610318
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	SECURITIES	\$ 279,421	12/31/23
	\$
	\$
	\$
	\$
	\$
	\$

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

2023

Open to Public Inspection

Name of the organization

Employer identification number

NORTH GEORGIA COMMUNITY FOUNDATION, INC.

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions, grants, and total value at end of year. Includes Yes/No checkboxes for reporting requirements.

Part II Conservation Easements

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include Purpose(s) of conservation easements, Total number of easements, and various monitoring and reporting details.

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

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

Table with 2 columns: Description, Amount. Rows include reporting requirements for art and historical treasures, including revenue and asset inclusion details.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---------------------------------|-----------|
| c Beginning balance | 2,789,770 |
| d Additions during the year | 272,489 |
| e Distributions during the year | 123,124 |
| f Ending balance | 2,939,135 |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds

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

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 23,975,425 | 21,989,019 | 16,943,501 | 12,933,193 | 10,616,418 |
| b Contributions | 1,689,407 | 6,770,243 | 4,254,016 | 1,982,283 | 1,396,267 |
| c Net investment earnings, gains, and losses | 3,517,355 | -4,023,083 | 2,442,403 | 2,606,482 | 2,033,510 |
| d Grants or scholarships | -4,773,451 | -528,961 | -1,283,297 | -436,380 | -990,976 |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | -267,444 | -231,793 | -200,722 | -142,077 | -122,026 |
| g End of year balance | 24,141,292 | 23,975,425 | 22,155,901 | 16,943,501 | 12,933,193 |
- 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:
- | | Yes | No |
|------------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		567,689		567,689
b Buildings		2,177,649	1,031,015	1,146,634
c Leasehold improvements		355,536	35,554	319,982
d Equipment		311,039	96,068	214,971
e Other		100,912	64,163	36,749
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,286,025

Part VII Investments – Other Securities

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

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

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITIES UNDER SPLIT INTEREST AG	3,082,333
(3) OPERATING LEASE LIABILITY	1,739,270
(4) ANNUITY LIABILITIES	86,546
(5) SECURITY DEPOSIT	640
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	4,908,789

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	26,307,047
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	8,356,295	
	b Donated services and use of facilities	2b	143,643	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	177,760	
	e Add lines 2a through 2d		2e	8,677,698
3	Subtract line 2e from line 1		3	17,629,349
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	2,755,404	
	c Add lines 4a and 4b		4c	2,755,404
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	20,384,753

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

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

1	Total expenses and losses per audited financial statements		1	11,202,044
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	143,643	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d	177,760	
	e Add lines 2a through 2d		2e	321,403
3	Subtract line 2e from line 1		3	10,880,641
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b	4,773,451	
	c Add lines 4a and 4b		4c	4,773,451
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	15,654,092

Part XIII Supplemental Information

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

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

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

PART X - FIN 48 FOOTNOTE

NOTE 16 - UNCERTAIN TAX POSITIONS

EFFECTIVE JANUARY 1, 2010, THE FOUNDATION IMPLEMENTED THE NEW ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD [FASB] ASC 740, INCOME TAXES. THE GUIDANCE PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND

Part XIII Supplemental Information (continued)

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, 2023, 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 2020.

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

SPECIAL EVENTS EXPENSE	\$	177,506
LOSS ON ASSET	\$	254

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

ASC 958 HELD FOR OTHERS DONATIONS	\$	1,689,407
ASC 958 HELD FOR OTHERS INVESTMENT REVENUE	\$	854,063
ASC UNREALIZED GAINS	\$	211,934

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

SPECIAL EVENTS EXPENSE	\$	177,506
LOSS ON ASSET	\$	254

Part XIII Supplemental Information *(continued)*

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

ASC 958 HELD FOR OTHERS GRANTS \$ **4,773,451**

Public Inspection Copy

**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 for instructions and the latest information.

OMB No. 1545-0047

2023

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 FORSYTH COUNTY <small>(event type)</small>	(b) Event #2 LAKE RABUN FUND <small>(event type)</small>	(c) Other events 7 <small>(total number)</small>	(d) Total events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	65,846	63,875	178,156	307,877
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	65,846	63,875	178,156	307,877
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	18,944		122,729	141,673
	10 Direct expense summary. Add lines 4 through 9 in column (d)				141,673
11 Net income summary. Subtract line 10 from line 3, column (d)				166,204	

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

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

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

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

b If "No," explain:

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

b If "Yes," explain:

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

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)	ALFRED UNIVERSITY ONE SAXON DRIVE ALFRED NY 14802-1205	16-0743900	3	10,000				EDUCATION
(2)	ALLIANT HEALTH PLANS PO BOX 2627 DALTON GA 30722-2627	26-0893902	3	6,152				HUMAN SERVICES
(3)	ALZHEIMER'S ASSOCIATION GEORGIA CHA 41 PERIMETER CENTER EAST SUITE 550 ATLANTA GA 30345	13-3039601	3	14,000				HEALTH
(4)	AMERICAN HEART ASSOCIATION 519 E 4TH ST CHATTAHOOGA TN 37403	13-5613797	3	9,100				HEALTH
(5)	AMERICAN LEBANESE SYRIAN ASSOCIATED 53 PERIMETER CENTER EAST, SUITE 100 ATLANTA GA 30346	35-1044585	3	10,000				HEALTH
(6)	A NEW VETERAN P O BOX 1753 GAINESVILLE GA 30503	87-4641419	3	5,500				HUMAN SERVICES
(7)	ASBURY CHAPEL P O BOX 797 GAINESVILLE GA 30503	92-1202151	3	15,000				RELIGION
(8)	ATHENS TECH FOUNDATION, INC. 800 HIGHWAY 29, NORTH ATHENS GA 30601-1500	58-1824771	3	203,216				EDUCATION
(9)	ATLANTA ROAD CHURCH OF CHRIST 902 ATLANTA HIGHWAY GAINESVILLE GA 30501	58-1439463	3	19,850				RELIGION

- 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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2023

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Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	AUBURN UNIVERSITY FOUNDATION 107 COMER HALL AUBURN UNIVERSITY AL 36849	63-6022422	3	150,000				EDUCATION
(2)	AUSTIN CLASSICAL GUITAR SOCIETY PO BOX 4072 AUSTIN TX 78765	74-2595883	3	10,000				ARTS & CULTURE
(3)	BALD RIDGE LODGE, INC. 505 LAKELAND PLAZA #302 CUMMING GA 30040	20-3690682	3	6,500				HUMAN SERVICES
(4)	BARTOW EDUCATION FOUNDATION, INC. 65 GILREATH ROAD CARTERSVILLE GA 30121	04-3673036	3	12,292				EDUCATION
(5)	BOY SCOUTS OF AMERICA - NORTHEAST PO BOX 399 JEFFERSON GA 30549	58-0566207	3	16,900				EDUCATION
(6)	BOYS & GIRLS CLUBS OF LANIER PO BOX 691 GAINESVILLE GA 30501	58-0656890	3	487,499				HUMAN SERVICES
(7)	BRENAU UNIVERSITY 500 WASHINGTON ST., SE BOX 16 GAINESVILLE GA 30501	58-0566143	3	144,231				EDUCATION
(8)	BUFORD CHURCH OF CHRIST, INC. 1135 CHATHAM ROAD BUFORD GA 30518	58-1405585	3	119,871				RELIGION
(9)	CALVIN SIMMONS FOUNDATIONAL MINISTR 515 NORTH CHURCH STREET THOMASTON GA 30286	58-2054163	3	26,200				RELIGION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

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

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CAREGIVER'S HOPE, INC. PO BOX 94173 ATLANTA GA 30377	77-0642833	3	7,000				HUMAN SERVICES
(2)	CASA OF FORSYTH COUNTY, INC. 3250 KEITH BRIDGE ROAD CUMMING GA 30041	20-0481980	3	29,800				HUMAN SERVICES
(3)	CENTER POINT, INC. 1050 ELEPHANT TRAIL GAINESVILLE GA 30501	58-1022054	3	57,100				HUMAN SERVICES
(4)	CHATTAHOOCHEE BAPTIST ASSOCIATION 1220 MCEVER ROAD GAINESVILLE GA 30504	58-6014094	3	6,500				HUMAN SERVICES
(5)	CHATTAHOOCHEE ELEMENTARY 2800 HOLTZCLAW ROAD CUMMING GA 30041	58-6000243	3	13,112				EDUCATION
(6)	CHATTAHOOCHEE NATIONAL PARK CONSERV P.O. BOX 769332 ROSWELL GA 30076	46-1326423	3	18,750				ENVIRONMENTAL
(7)	CHATTAHOOCHEE RIVERKEEPER 3 PURITAN MILL ATLANTA GA 30318	58-2095413	3	408,765				ENVIRONMENTAL
(8)	CHATTAHOOCHEE VALLEY EDUCATIONAL FO P.O. BOX 1030 LANETT AL 36863-1030	23-7061995	3	7,500				EDUCATION
(9)	CHESTATEE ELEMENTARY SCHOOL 6945 KEITH BRIDGE ROAD GAINESVILLE GA 30506	58-6000243	3	11,282				EDUCATION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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Name of the organization **NORTH GEORGIA COMMUNITY FOUNDATION, INC.** Employer identification number **58-1610318**

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CHILDREN'S HEALTHCARE OF ATLANTA FO 1575 NORTHEAST EXPRESSWAY ATLANTA GA 30341	90-0779996	3	155,000				HEALTH
(2)	CHRIST PLACE CHURCH 3428 ATLANTA HIGHWAY FLOWERY BRANCH GA 30542	58-1529610	3	14,750				RELIGION
(3)	CHURCH ON THE HILL P.O. BOX 568 BRASELTON GA 30517	58-1866161	3	20,000				RELIGION
(4)	CITY CHURCH GAINESVILLE 3504 EDGEWOOD CIRCLE GAINESVILLE GA 30506	81-1264893	3	148,750				HUMAN SERVICES
(5)	CITY OF GAINESVILLE 300 HENRY WARD WAY GAINESVILLE GA 30501	58-6000581	3	9,500				CIVIC/COMMUNITY
(6)	COAL MOUNTAIN ELEMENTARY 3455 COAL MOUNTAIN DRIVE CUMMING GA 30028	58-6000243	3	11,345				EDUCATION
(7)	COMMUNITIES FOUNDATION OF TEXAS 5500 CARUTH HAVEN LANE AT CENTRAL DALLAS TX 75225	75-0964565	3	945,564				TRANSFER
(8)	COMMUNITY HELPING PLACE, INC. P.O. BOX 712 DAHLONEGA GA 30533	37-1554432	3	60,000				HUMAN SERVICES
(9)	COMMUNITY PARTNERSHIP/RABUN COUNTY 837 HWY 76 W. CLAYTON GA 30525	58-2060125	3	7,750				HUMAN SERVICES

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**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

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Name of the organization

**NORTH GEORGIA COMMUNITY FOUNDATION,
INC.**

Employer identification number

58-1610318

Part I General Information on Grants and Assistance

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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)	CORNER FARMS FORSYTH 2973 SAMPLES ROAD CUMMING GA 30041	92-1387001	3	109,000				HUMAN SERVICES
(2)	CROSS TRAINING SPORTS CAMP, INC. PO BOX 578 OAKWOOD GA 30566	43-1991487	3	45,000				RELIGION
(3)	CUMMING ELEMENTARY SCHOOL 540 DAHLONEGA STREET CUMMING GA 30040	58-2552304	GOV	6,873				EDUCATION
(4)	DOCTORS WITHOUT BORDERS P.O. BOX 5030 HAGERSTOWN MD 21741	13-3433452	3	25,500				HUMAN SERVICES
(5)	DRUG AWARENESS INC 664 LANIER PARK DRIVE GAINESVILLE GA 30501	83-0897362	3	7,000				HEALTH
(6)	DRUG AWARENESS, INC. 664 LANIER PARK DRIVE GAINESVILLE GA 30501	83-0897362	3	10,250				HUMAN SERVICES
(7)	EAGLE RANCH, INC. PO BOX 7200 CHESTNUT MOUNTAIN GA 30502	58-1497408	3	90,312				HUMAN SERVICES
(8)	EAST HALL HIGH SCHOOL 3534 EAST HALL ROAD GAINESVILLE GA 30507	58-6000256	GOV	5,600				EDUCATION
(9)	EDMONDSON TELFORD CENTER FOR CHILDREN 603 WASHINGTON STREET NW GAINESVILLE GA 30501	58-2250500	3	28,900				HUMAN SERVICES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

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)	ELACHEE NATURE SCIENCE CENTER, INC. 2125 ELACHEE DRIVE GAINESVILLE GA 30504	58-1643768	3	13,900				ENVIRONMENTAL
(2)	ENOTAH CASA PO BOX 2198 DAHLONEGA GA 30533	58-2467159	3	25,000				HUMAN SERVICES
(3)	ETC GEORGIA INC 3309 BOLD SPRINGS RD. DACULA GA 30019	83-0578635	3	6,000				HUMAN SERVICES
(4)	ETOWAH MASONIC LODGE NO. 222 2799 HWY 136 W DAWSONVILLE GA 30534	23-7508864	3	10,000				CIVIC/COMMUNITY
(5)	F.A.I.T.H., INC. PO BOX 1964 CLAYTON GA 30525	58-2176046	3	12,450				HUMAN SERVICES
(6)	FAMILY PROMISE OF FORSYTH COUNTY PO BOX 3305 CUMMING GA 30028	46-5664080	3	17,750				HUMAN SERVICES
(7)	FAMILY PROMISE OF HALL COUNTY 3606 MCEVER ROAD OAKWOOD GA 30566	27-5544034	3	60,850				HUMAN SERVICES
(8)	FIRST BAPTIST CHURCH OF GAINESVILLE 751 GREEN STREET, NW GAINESVILLE GA 30501	58-0622975	3	13,127				RELIGION
(9)	FIRST BAPTIST CHURCH OF JEFFERSON P.O. BOX 395 JEFFERSON GA 30549	58-6120518	3	28,600				RELIGION

- 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,
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OMB No. 1545-0047

2023

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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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(1)	FIRST IMPRESSIONS CLOTHING MINISTRY 996 BRIDGE CREEK RD TIGER GA 30576	83-4185894	3	6,000				HUMAN SERVICES
(2)	FIRST PRESBYTERIAN CHURCH OF GAINES 880 S. ENOTA DRIVE, NE GAINESVILLE GA 30501	58-6011388	3	30,900				RELIGION
(3)	FLAT CREEK BAPTIST CHURCH 5504 FLAT CREEK ROAD GAINESVILLE GA 30504	58-1523794	3	9,100				RELIGION
(4)	FOOD BANK OF NORTHEAST GEORGIA 46 PLAZA WAY CLAYTON GA 30525	58-1938066	3	24,500				HUMAN SERVICES
(5)	FOR HIS KINGDOM MISSIONS PO BOX 620 MURRAYVILLE GA 30564	20-8291520	3	12,750				HUMAN SERVICES
(6)	FORSYTH CENTRAL HIGH SCHOOL 131 ALMON C HILL DRIVE CUMMING GA 30040	58-6000243	GOV	18,467				EDUCATION
(7)	FORSYTH COUNTY CLINIC PO BOX 3204 CUMMING GA 30028	83-1958197	3	7,947				HEALTH
(8)	FORSYTH COUNTY COMMUNITY CONNECTION 133 SAMARITAN DRIVE CUMMING GA 30040	58-2099754	3	12,000				HUMAN SERVICES
(9)	FORSYTH COUNTY PUBLIC LIBRARY 585 DAHLONEGA ROAD CUMMING GA 30040	58-2228307	GOV	8,638				ARTS & CULTURE

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(1)	FORSYTH COUNTY PUBLIC SCHOOLS 1120 DAHLONEGA HIGHWAY CUMMING GA 30040	58-6000243	GOV	17,000				ARTS & CULTURE
(2)	FOXFIRE FUND P.O. BOX 541 MOUNTAIN CITY GA 30562	23-7022599	3	5,600				ARTS & CULTURE
(3)	FRANKIE AND ANDY'S PLACE INC 653 GAINESVILLE HWY. WINDER GA 30680	47-5260905	3	54,923				ANIMAL WELFARE
(4)	GAINESVILLE FIRST UNITED METHODIST 2780 THOMPSON BRIDGE RD GAINESVILLE GA 30506	58-0641234	3	403,629				RELIGION
(5)	GAINESVILLE-HALL COUNTY COMMUNITY C 430 PRIOR STREET GAINESVILLE GA 30501	58-1591227	3	6,000				HUMAN SERVICES
(6)	GAINESVILLE HIGH SCHOOL C/O GAINESVILLE CITY SCHOOLS GAINESVILLE GA 30501	58-6000152	GOV	8,660				EDUCATION
(7)	GAINESVILLE PARKS & RECREATION 830 GREEN STREET, NE GAINESVILLE GA 30501	58-6000581	GOV	14,286				EDUCATION
(8)	GATEWAY DOMESTIC VIOLENCE CENTER PO BOX 2962 GAINESVILLE GA 30503-2962	58-1447674	3	20,100				HUMAN SERVICES
(9)	GEORGIA MOUNTAIN FOOD BANK PO BOX 233 GAINESVILLE GA 30503	26-2787610	3	32,050				HUMAN SERVICES

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(1)	GEORGIA NATURAL RESOURCES FOUNDATIO 2 MARTIN LUTHER KING JR. DRIVE SE ATLANTA GA 30334	27-3489565	3	10,000				ENVIRONMENTAL
(2)	GEORGIA TECH ATHLETIC ASSOCIATION 150 BOBBY DODD WAY, NW ATLANTA GA 30332	58-0622514	3	50,000				
(3)	GEORGIA TECH FOUNDATION 760 SPRING STREET, SUITE 400 ATLANTA GA 30308	58-6043294	3	76,135				EDUCATION
(4)	GOOD NEWS AT NOON, INC. PO BOX 1577 GAINESVILLE GA 30503	58-1895047	3	33,850				HUMAN SERVICES
(5)	GOOD NEWS CLINICS PO BOX 2683 GAINESVILLE GA 30503	58-2058853	3	3,727,235				HEALTH
(6)	GOOD SHEPHERD LUTHERAN CHURCH 600 S ENOTA DRIVE NE GAINESVILLE GA 30501	58-1077602	3	9,400				RELIGION
(7)	GRACE EPISCOPAL CHURCH 422 BRENAU AVENUE GAINESVILLE GA 30501	58-1524654	3	51,902				RELIGION
(8)	HALL DAWSON CASA PROGRAM, INC. P O BOX 907471 GAINESVILLE GA 30501	58-2034915	3	38,300				HUMAN SERVICES
(9)	HIGHLANDS-CASHIERS HEALTH FOUNDATIO PO BOX 742 HIGHLANDS NC 28741	56-1165833	3	10,000				HEALTH

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Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

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Employer identification number

58-1610318

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(1)	HISPANIC ALLIANCE GA P.O. BOX 1674 GAINESVILLE GA 30503	81-4556909	3	14,500				HUMAN SERVICES
(2)	HOPE FOR HALL P.O. BOX 1764 OAKWOOD GA 30566	92-1819091	3	30,000				CIVIC/COMMUNITY
(3)	HOSPICE OF NORTHEAST GEORGIA MEDICA 2150 LIMESTONE PARKWAY, SUITE 222 GAINESVILLE GA 30501	58-1550576	3	10,500				HEALTH
(4)	HUMANE SOCIETY OF NORTHEAST GEORGIA 845 W RIDGE ROAD GAINESVILLE GA 30506	58-0678817	3	36,500				ANIMAL WELFARE
(5)	JACK P. NIX PRIMARY SCHOOL 342 WEST KYTLE STREET CLEVELAND GA 30528	58-6000346	3	40,000				EDUCATION
(6)	JEFFERSON HIGH SCHOOL 575 WASHINGTON STREET JEFFERSON GA 30549	58-6003088	GOV	10,000				EDUCATION
(7)	JEFFERSON SCHOOL SYSTEM FOUNDATION PO BOX 624 JEFFERSON GA 30549	58-1519680	3	6,454				EDUCATION
(8)	JOHNS CREEK ELEMENTARY SCHOOL 6205 OLD ATLANTA ROAD SUWANEE GA 30024	58-6000243	GOV	5,150				EDUCATION
(9)	JOSHUA R. WELCH P.C. 201 FOREST AVENUE, SUITE A GAINESVILLE GA 30501		3	7,500				HUMAN SERVICES

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(1)	JUNIOR ACHIEVEMENT OF GEORGIA 275 NORTHSIDE DRIVE NW ATLANTA GA 30314	58-0598050	3	17,000				EDUCATION
(2)	JUNIOR ACHIEVEMENT OF NORTHEAST GEO PO BOX 378 GAINESVILLE GA 30503	58-0598050	3	8,500				EDUCATION
(3)	JUNIOR LEAGUE OF GAINESVILLE-HALL C PO BOX 1472 GAINESVILLE GA 30503	58-6003789	3	43,950				CIVIC/COMMUNITY
(4)	KEATON FRANKLIN COKER FOUNDATION IN PO BOX 1517 GAINESVILLE GA 30503	47-2023349	3	29,500				HUMAN SERVICES
(5)	KELLY MILL ELEMENTARY SCHOOL 1180 CHAMBLEE GAP ROAD CUMMING GA 30040	58-6000243	3	6,395				EDUCATION
(6)	KENNESAW STATE UNIVERSITY FOUNDATIO 1000 CHASTAIN ROAD, MAILBOX 9101 KENNESAW GA 30144	23-7034345	3	25,000				EDUCATION
(7)	KINGS RIDGE CHRISTIAN SCHOOL, INC. 2765 BETHANY BEND ALPHARETTA GA 30004	58-2600863	3	9,500				EDUCATION
(8)	LAKE POINT CHURCH P.O. BOX 106 EMERSON GA 30137	45-4607770	3	5,500				RELIGION
(9)	LAKEVIEW ACADEMY 796 LAKEVIEW DRIVE GAINESVILLE GA 30501	58-1077096	3	7,500				EDUCATION

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(1)	LAKEWOOD BAPTIST CHURCH 2235 THOMPSON BRIDGE ROAD GAINESVILLE GA 30501	58-0673190	3	154,200				RELIGION
(2)	LITTLE MILL MIDDLE SCHOOL 6800 LITTLE MILL ROAD CUMMING GA 30041	58-6000243	3	6,400				EDUCATION
(3)	LOVE YOUR STORY 3327 PARTRIDGE LANE GAINESVILLE GA 30506	88-2097798	3	25,000				HUMAN SERVICES
(4)	MAKE A WISH FOUNDATION OF GEORGIA 1775 THE EXCHANGE S.E. SUITE 200 ATLANTA GA 30339	58-2146828	3	25,000				HUMAN SERVICES
(5)	MEDSHARE INTERNATIONAL 3420 CLIFTON SPRINGS ROAD DECATUR GA 30034	58-2433968	3	7,500				HEALTH
(6)	MEMORIAL PARK FUNERAL HOME 2030 MEMORIAL PARK ROAD GAINESVILLE GA 30504	58-1824821	3	16,725				HUMAN SERVICES
(7)	MENTOR ME - NORTH GEORGIA INC. PO BOX 2053 CUMMING GA 30028	26-2202642	3	19,500				EDUCATION
(8)	MIDWAY ELEMENTARY 4805 ATLANTA HWY. ALPHARETTA GA 30004	58-6000243	3	9,099				EDUCATION
(9)	MILLIKIN UNIVERSITY 1184 W. MAIN STREET DECATUR IL 62522	37-0706154	3	7,000				ARTS & CULTURE

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Schedule I (Form 990) 2023

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(1)	MOSSY CREEK ELEMENTARY SCHOOL 128 HORACE FITZPATRICK DRIVE CLEVELAND GA 30528	58-6000346	GOV	40,000				EDUCATION
(2)	MOUNT SINAI WELLNESS CENTER 330 MT. SINAI DRIVE DAHLONEGA GA 30533	82-2152017	3	10,000				HEALTH
(3)	MULLY CHILDREN'S FAMILY USA 3000 OLD ALABAMA RD. SUITE 119-302 ALPHARETTA GA 30022	20-4105702	3	10,000				HUMAN SERVICES
(4)	MY SISTER'S PLACE PO BOX 908492 GAINESVILLE GA 30503	16-1619238	3	47,100				HUMAN SERVICES
(5)	NEW HOPE ELEMENTARY 4810 CASTLEBERRY ROAD CUMMING GA 30040	58-6000243	GOV	10,175				EDUCATION
(6)	NEWTOWN FLORIST CLUB 1064 DESOTA STREET GAINESVILLE GA 30501	58-2181115	3	6,808				CIVIC/COMMUNITY
(7)	NORTHEAST GEORGIA HEALTH SYSTEM FOU 2150 LIMESTONE PARKWAY, SUITE 115 GAINESVILLE GA 30501	58-1694820	3	148,212				HEALTH
(8)	NORTHEAST GEORGIA HISTORY CENTER PO BOX 1451 GAINESVILLE GA 30503-1451	58-1443900	3	106,000				ARTS & CULTURE
(9)	NORTH FORSYTH HIGH SCHOOL 3635 COAL MOUNTAIN DRIVE CUMMING GA 30028	58-6000243	GOV	21,320				EDUCATION

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(1)	NORTH FORSYTH MIDDLE SCHOOL 3645 COAL MOUNTAIN DRIVE CUMMING GA 30028	58-6000243	GOV	6,400				EDUCATION
(2)	NORTH GEORGIA WORKS INC. PO BOX 2458 GAINESVILLE GA 30503	82-2428323	3	58,100				HUMAN SERVICES
(3)	NORTH HALL CHURCH 4091 MOUNT VERNON RD GAINESVILLE GA 30506	47-2283555	3	5,100				RELIGION
(4)	OAK GROVE UNITED METHODIST CHURCH 1722 OAK GROVE ROAD DECATUR GA 30033	58-0865171	3	10,000				RELIGION
(5)	OPEN ARMS CLINIC 109 BIG A ROAD TOCCOA GA 30577	20-3296577	3	15,000				HEALTH
(6)	ORCHARD PO BOX 18577 ATLANTA GA 31126	58-2429274	3	6,000				HUMAN SERVICES
(7)	PARK CITY COMMUNITY CHURCH 4501 N. HWY 224 PARK CITY UT 84098	87-0395038	3	11,000				RELIGION
(8)	PATH UNITED P O BOX 1087 LOGANVILLE GA 30052	45-3861248	3	9,600				HUMAN SERVICES
(9)	PEACE PLACE, INC. PO BOX 948 WINDER GA 30680	58-2424746	3	237,704				HUMAN SERVICES

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(1)	PICKENS JUNIOR HIGH SCHOOL 1802 REFUGE ROAD JASPER GA 30143	58-6000301	GOV	16,000				EDUCATION
(2)	POOLE'S MILL ELEMENTARY 7110 HEARDSVILLE ROAD CUMMING GA 30028	58-6000243	3	6,165				EDUCATION
(3)	PROMISE 686 5300 TRIANGLE PARK, SUITE 202 PEACHTREE CORNERS GA 30092	27-0427930	3	20,000				HUMAN SERVICES
(4)	PROTECT THE VOTE INC 3104 BRIARCLIFF RD NE UNIT 98073 ATLANTA GA 30359-2845	86-3785016	3	10,000				EDUCATION
(5)	QUINLAN VISUAL ARTS CENTER 514 GREEN STREET, NE GAINESVILLE GA 30501	58-6040517	3	25,300				ARTS & CULTURE
(6)	RABUN COUNTY OFFICE OF EMERGENCY MA 145 SYRUP CITY ROAD TIGER GA 30576	58-6001500	3	6,000				CIVIC/COMMUNITY
(7)	RABUN COUNTY SCHOOL SYSTEM 963 TIGER CONNECTOR TIGER GA 30576	58-6000308	GOV	8,000				EDUCATION
(8)	RABUN GAP - NACOOCHEE SCHOOL 339 NACOOCHEE DRIVE RABUN GAP GA 30568	58-0593430	3	5,801				EDUCATION
(9)	RABUN GAP PRESBYTERIAN CHURCH PO BOX 333 RABUN GAP GA 30568	58-1554588	3	10,000				RELIGION

- 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

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

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.

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(1)	RAHAB'S ROPE PO BOX 907308 GAINESVILLE GA 30501	20-3109098	3	25,000				HUMAN SERVICES
(2)	RAPE RESPONSE PO BOX 2883 GAINESVILLE GA 30503-2883	58-1788134	3	20,646				HUMAN SERVICES
(3)	REACH GEORGIA FOUNDATION 2082 EAST EXCHANGE PLACE TUCKER GA 30084	47-3727250	3	5,700				EDUCATION
(4)	RICHARD'S KIDS, INC. PO BOX 68 CLAYTON GA 30525	20-1702630	3	9,950				HUMAN SERVICES
(5)	RIVERSIDE MILITARY ACADEMY 2001 RIVERSIDE DRIVE, NE GAINESVILLE GA 30501	58-0616994	3	36,000				EDUCATION
(6)	RIVERWATCH MIDDLE SCHOOL 610 JAMES BURGESS ROAD SUWANEE GA 30024	58-6000243	3	6,400				EDUCATION
(7)	SAUTEE NACOOCHEE COMMUNITY ASSOCIAT PO BOX 460 SAUTEE NACOOCHEE GA 30571	58-1655784	3	183,315				ARTS & CULTURE
(8)	SAWNEE ASSOCIATION OF THE ARTS, INC 111 PILGRIM MILL ROAD CUMMING GA 30040	58-1562321	3	7,000				ARTS & CULTURE
(9)	SCHWAB CHARITABLE 1958 SUMMIT PARK DRIVE, SUITE 200 ORLANDO FL 32810	31-1640316	3	155,722				TRANSFER

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**

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

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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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(1)	SERVE TO SERVE INTERNATIONAL INC. PO BOX 2939 CUMMING GA 30028	80-0550218	3	10,000				HUMAN SERVICES
(2)	SETTLES BRIDGE ELEMENTARY 600 JAMES BURGESS ROAD SUWANEE GA 30024	58-6000243	3	6,018				EDUCATION
(3)	SEWANEE: UNIVERSITY OF THE SOUTH 735 UNIVERSITY AVENUE SEWANEE TN 37383	62-0475697	3	10,000				EDUCATION
(4)	SHENANDOAH WOMENS CENTER INC 236 W. MARTIN STREET MARTINSBURG WV 25401	55-0578788	3	10,000				HUMAN SERVICES
(5)	SHEPHERD CENTER FOUNDATION 2020 PEACHTREE ROAD, NW ATLANTA GA 30309	20-1238224	3	27,000				HEALTH
(6)	SILVER CITY ELEMENTARY 6200 DAHLONEGA HWY. CUMMING GA 30028	58-6000243	3	16,400				EDUCATION
(7)	SISU 2360 MURPHY BOULEVARD GAINESVILLE GA 30504	58-1622732	3	235,500				EDUCATION
(8)	SOCIETY OF ST. VINCENT DE PAUL 1440 PEARCE CIRCLE GAINESVILLE GA 30501	58-0967972	3	18,850				HUMAN SERVICES
(9)	STATE BOTANICAL GARDEN OF GEORGIA 2450 S. MILLEDGE AVENUE ATHENS GA 30605	58-6033837	3	10,000				ENVIRONMENTAL

- 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) 2023

**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

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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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(1)	STIFEL CHARITABLE INC. 501 NORTH BROADWAY ST. LOUIS MO 63102	84-2049692	3	218,728				TRANSFER
(2)	ST. JUDE CHILDREN'S RESEARCH HOSPIT 501 ST. JUDE PLACE MEMPHIS TN 38105	62-0646012	3	12,650				HEALTH
(3)	ST. LUKES ST. VINCENT DE PAUL 91 NORTH PARK STREET DAHLONEGA GA 30533	58-0967972	3	7,500				HUMAN SERVICES
(4)	TEACHER REUSE EXCHANGE 1470 HARBURN COURT CUMMING GA 30041	27-1136219	3	12,000				EDUCATION
(5)	THE ARTS COUNCIL, INC. 331 SPRING STREET GAINESVILLE GA 30501	58-1163155	3	15,100				ARTS & CULTURE
(6)	THE COMMUNITY FOUNDATION OF MIDDLE 3833 CLEGHORN AVE. NASHVILLE TN 37215	62-1471789	3	10,000				HUMAN SERVICES
(7)	THE FORSYTH COUNTY WITH PROGRAM INC 2973 SAMPLES ROAD CUMMING GA 30041	92-3960163	3	30,000				HUMAN SERVICES
(8)	THE GEORGIA CENTER FOR OPPORTUNITY 333 RESEARCH COURT PEACHTREE CORNERS GA 30092	58-1928520	3	200,000				HUMAN SERVICES
(9)	THE HAMBIDGE CENTER FOR CREATIVE AR PO BOX 339 RABUN GAP GA 30568-0339	58-6001278	3	42,419				ARTS & CULTURE

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(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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(1)	THE PLACE, INC. PO BOX 2607 CUMMING GA 30028	58-2355072	3	11,000				HUMAN SERVICES
(2)	THE SALVATION ARMY - GAINESVILLE GRANTS HANDLING GAINESVILLE GA 30501	58-0660607	3	10,500				HUMAN SERVICES
(3)	THE TORCH WORSHIP CENTER 800 CANNON BRIDGE ROAD DEMOREST GA 30535	58-1552932	3	35,200				RELIGION
(4)	TRINITY SCHOOL OFFICE OF ADVANCEMENT ATLANTA GA 30327	58-1197585	3	6,500				EDUCATION
(5)	TRUIST BANK P.O. BOX 79041 BALTIMORE MD 21279-0041	58-0466330	3	6,730				HUMAN SERVICES
(6)	UGA FOUNDATION 1 PRESS PLACE, SUITE 101 ATHENS GA 30601	58-6033837	3	315,000				EDUCATION
(7)	UNITED CEREBRAL PALSY OF GEORGIA 3300 NORTHEAST EXPY., NE, BLDG. 9 ATLANTA GA 30341	58-0976462	3	7,700				HEALTH
(8)	UNITED WAY OF FORSYTH COUNTY, INC. PO BOX 1350 CUMMING GA 30028	58-1925396	3	54,000				HUMAN SERVICES
(9)	UNITED WAY OF HALL COUNTY 527 OAK STREET GAINESVILLE GA 30501	58-6011393	3	228,471				HUMAN SERVICES

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Part I General Information on Grants and Assistance

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(1)	UNIVERSITY OF GEORGIA 220 HOLMES/HUNTER ACADEMIC BLDG. ATHENS GA 30602-6114	58-6001998	3	10,000				EDUCATION
(2)	UNIVERSITY OF NORTH GEORGIA 82 COLLEGE CIRCLE DAHLONEGA GA 30597	58-6002060	3	8,885				EDUCATION
(3)	UNIVERSITY OF NORTH GEORGIA FOUNDAT PO BOX 1599 DAHLONEGA GA 30533	23-7066297	3	18,125				EDUCATION
(4)	UNIVERSITY OF SOUTHERN MISSISSIPPI 118 COLLEGE DR # 5017 HATTIESBURG MS 39406-0002	64-0929171	3	7,500				EDUCATION
(5)	VALDOSTA STATE UNIVERSITY 1500 N. PATTERSON STREET VALDOSTA GA 31698	58-6002072	3	9,000				EDUCATION
(6)	WAKE FOREST UNIVERSITY 1834 WAKE FOREST ROAD WINSTON SALEM NC 27109	56-0532138	3	10,000				EDUCATION
(7)	WASHINGTON UNIVERSITY IN ST. LOUIS 7425 FORSYTH BLVD. SAINT LOUIS MO 63105	43-0653611	3	10,000				EDUCATION
(8)	WELLSPRING LIVING INC 1040 BOULEVARD ATLANTA GA 30312	58-2614182	3	12,000				HUMAN SERVICES
(9)	WESTERN CAROLINA UNIVERSITY FOUNDAT ONE UNIVERSITY DR., 201 H.F. ROBINS CULLOWHEE NC 28723	23-7159170	3	11,500				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) 2023

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

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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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(1)	WEST FORSYTH HIGH SCHOOL 4155 DREW ROAD CUMMING GA 30040	58-6000243	3	16,125				EDUCATION
(2)	WHISPERING ANGELS YOUTH RANCH 4549 CLARKS BRIDGE ROAD GAINESVILLE GA 30506	47-1406367	3	15,150				HUMAN SERVICES
(3)	WHITE COUNTY FAMILY CONNECTION, INC 136 WARRIORS PATH CLEVELAND GA 30528	92-3196727	3	12,000				HUMAN SERVICES
(4)	WHITE COUNTY MIDDLE SCHOOL 283 OLD BLAIRSVILLE RD. CLEVELAND GA 30528	58-6000346	3	40,000				EDUCATION
(5)	YOUNG HARRIS COLLEGE PO BOX 275 YOUNG HARRIS GA 30582	58-0593414	3	35,500				EDUCATION
(6)	YOUNG LIFE OF GAINESVILLE/HALL COUN PO BOX 1660 GAINESVILLE GA 30503	84-0385934	3	24,670				HUMAN SERVICES
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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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	267	558,674			
2					
3					
4					
5					
6					
7					

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

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

SCHEDULE I (Form 990)	Supplemental Information	2023
For calendar year 2023, or tax year beginning _____, and ending _____		

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

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Name of the organization NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Employer identification number 58-1610318
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COMMITTEE FOR SUPPORT FROM A SPECIFIC SCHOLARSHIP, AWARD, OR OTHER
FIELD-OF-INTEREST FUND; OR, THE BOARD OF DIRECTORS OF NGCF FOR SUPPORT FROM
ANY DISCRETIONARY FUNDS THEN AVAILABLE TO THEM.

DUE DILIGENCE INVESTIGATION

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

EVIDENCE OF QUALIFICATION

*FOR A NONPROFIT, 509(A)(1) CHARITABLE ORGANIZATION, THIS REQUIREMENT MAY
BE SATISFIED BY PROVIDING A COPY OF THE ORGANIZATION'S OR ITS FISCAL
SPONSOR'S CURRENT CERTIFICATION AS A NONPROFIT ORGANIZATION PURSUANT TO
SECTION 501(C) 3 OF THE INTERNAL REVENUE CODE (ADVANCE RULINGS ARE
ACCEPTABLE). THIS REQUIREMENT MAY ALSO BE SATISFIED BY USING THE CANDID
CHARITY CHECK SERVICE INTEGRATED INTO OUR SOFTWARE.
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

SCHEDULE I (Form 990)	Supplemental Information	2023
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Name of the organization	NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Employer identification number	58-1610318
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OFFICIAL STATUS IN THAT CATEGORY.

*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

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ON FILE INDICATES AN ADVANCED RULING FOR SECTION 501(C)(3) STATUS, THEN 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 CANDID 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.

SCHEDULE I (Form 990)	Supplemental Information	2023
For calendar year 2023, or tax year beginning _____, and ending _____		

Name of the organization NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Employer identification number 58-1610318
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THE NORTH GEORGIA COMMUNITY FOUNDATION DOES NOT MAKE GRANTS TO SUPPORTING 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

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ORGANIZATION WOULD NORMALLY ENGAGE IN THOSE ACTIVITIES DIRECTLY.

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

SCHEDULE I (Form 990)	Supplemental Information	2023
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Name of the organization NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Employer identification number 58-1610318
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Public Inspection Copy

TITLE.

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

SCHEDULE I (Form 990)	Supplemental Information		2023
	For calendar year 2023, or tax year beginning _____, and ending _____		

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THE FINANCIAL ADMINISTRATOR FOR PAYMENT PROCESSING.

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



SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC 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				
MICHELLE PRATER	(i) 207,417	(ii) 20,742	(iii) 0	12,445	16,641	257,245	0
1 PRESIDENT - CEO	(ii) 0	0	0	0	0	0	0
2	(i)	(ii)	(iii)				
3	(i)	(ii)	(iii)				
4	(i)	(ii)	(iii)				
5	(i)	(ii)	(iii)				
6	(i)	(ii)	(iii)				
7	(i)	(ii)	(iii)				
8	(i)	(ii)	(iii)				
9	(i)	(ii)	(iii)				
10	(i)	(ii)	(iii)				
11	(i)	(ii)	(iii)				
12	(i)	(ii)	(iii)				
13	(i)	(ii)	(iii)				
14	(i)	(ii)	(iii)				
15	(i)	(ii)	(iii)				
16	(i)	(ii)	(iii)				

Part III Supplemental Information

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

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

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

Attach to Form 990.

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

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

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	X	42	1,794,588	FAIR MARKET VALUE
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (.....	X	15	20,932	FAIR MARKET VALUE
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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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, MORGAN STANLEY,
RAYMOND JAMES, EDWARD JONES, AMERIPRISE, SCHWAB, STIFEL, AND PERSHING.



**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

**NORTH GEORGIA COMMUNITY FOUNDATION,
INC.**

Employer identification number

58-1610318

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

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

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS FOLLOWS THE NGCF
EXECUTIVE COMPENSATION POLICY, WHICH INCLUDES HIRING AN INDEPENDENT
COMPENSATION CONSULTANT TO REVIEW THE SALARY/BENEFIT PACKAGE, COMPARABLE
COMMUNITY FOUNDATION 990S, AND THE COF GRANTMAKERS SALARY AND BENEFITS
REPORT AND SIMILAR STUDIES. THE NGCF EXECUTIVE COMMITTEE REVIEWS THE
CONSULTANT'S REPORT AND EVALUATES PRESIDENT & CEO PERFORMANCE TO DETERMINE
WHETHER A SALARY INCREASE AND/OR INCENTIVE BONUS IS WARRANTED. THIS REVIEW
IS DONE ANNUALLY FOR THIS POSITION.

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

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

Schedule O (Form 990) 2023

Name of the organization

Employer identification number

NORTH GEORGIA COMMUNITY FOUNDATION,

58-1610318

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 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 UNREALIZED GAIN \$ 2,183,915

Form **990-T**

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

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

For calendar year 2023 or other tax year beginning and ending

Go to www.irs.gov/Form990T for instructions and the latest information.

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

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

A Check box if address changed.

B Exempt under section
 501(c) (**3**)
 408(e) 220(e)
 408A 530(a)
 529(a) 529A

Name of organization (Check box if name changed and see instructions.)
NORTH GEORGIA COMMUNITY FOUNDATION, INC.

Employer identification number
58-1610318

Number, street, and room or suite no. If a P.O. box, see instructions.
340 JESSE JEWELL PKWY. SE

City or town, state or province, country, and ZIP or foreign postal code
GAINESVILLE GA 30501

E Group exemption number
(see instructions)

F Check box if an amended return.

C Book value of all assets at end of year **122,001,601**

G Check organization type
 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university
 6417(d)(1)(A) Applicable entity

H Check if filing only to claim Credit from Form 8941 Refund shown on Form 2439 Elective payment amount from Form 3800

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	13,761
2	Reserved	2	
3	Add lines 1 and 2	3	13,761
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	13,761
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	13,761
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	12,761

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	2,680
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	2,680

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a	
b	Other credits (see instructions)	1b	
c	General business credit. Attach Form 3800 (see instructions)	1c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d	
e	Total credits. Add lines 1a through 1d	1e	
2	Subtract line 1e from Part II, line 7	2	2,680
3a	Amount due from Form 4255	3a	
b	Amount due from Form 8611	3b	
c	Amount due from Form 8697	3c	
d	Amount due from Form 8866	3d	
e	Other amounts due (see instructions)	3e	
f	Total amounts due. Add lines 3a through 3e	3f	
4	Total tax. Add lines 2 and 3f (see instructions) <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4	2,680
5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	

For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments (continued)

6a Payments: Preceding year's overpayment credited to the current year	6a		
b Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	9,915	
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Elective payment election amount from Form 3800	6g		
h Payment from Form 2439	6h		
i Credit from Form 4136	6i		
j Other (see instructions)	6j		
7 Total payments. Add lines 6a through 6j	7		9,915
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		0
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		7,235
11 Enter the amount of line 10 you want: Credited to 2024 estimated tax 2,680 Refunded	11		4,555

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

1 At any time during the 2023 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	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4 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.		
5 Post-2017 NOL carryovers. Enter the Business Activity Code and available 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	
	\$	
	\$	
	\$	
	\$	
6a Reserved for future use		
b Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

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.

Sign Here

Signature of officer: _____ Date: _____ Title: **PRESIDENT - CEO**

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

Paid Preparer Use Only

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

Firm's name: **RUSHTON, LLC** Firm's EIN: **87-1753047**

Firm's address: **P.O. BOX 2917 GAINESVILLE, GA 30503** Phone no.: **770-287-7800**

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

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

OMB No. 1545-0047

2023

Department of the Treasury
Internal Revenue Service

Go to 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).

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

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

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales <u>17,775</u>			
b Less returns and allowances <u> </u> c Balance	1c 17,775		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3 17,775		17,775
4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a		
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	13 17,775		17,775

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income	7	8a	8b
1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		2,412
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement). See instructions	5		
6 Taxes and licenses	6		185
7 Depreciation (attach Form 4562). See instructions	7		
8 Less depreciation claimed in Part III and elsewhere on return	8a		0
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		145
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement) SEE STATEMENT 1	14		1,272
15 Total deductions. Add lines 1 through 14	15		4,014
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		13,761
17 Deduction for net operating loss. See instructions	17		
18 Unrelated business taxable income. Subtract line 17 from line 16	18		13,761

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold, 9 Do the rules of section 263A apply to the organization?

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

Table for Rent Income. Row 1: Description of property. Rows 2-4: Rent received or accrued (a, b, c). Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property. Rows 2-4: Gross income from or allocable to debt-financed property (2), Deductions directly connected with or allocable to debt-financed property (3a, 3b, 3c). Row 4: Amount of average acquisition debt on or allocable to debt-financed property. Row 5: Average adjusted basis of or allocable to debt-financed property. Row 6: Divide line 4 by line 5. Row 7: Gross income reportable. Row 8: Total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 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)	2
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5 Gross income from activity that is not unrelated business income	5
6 Expenses attributable to income entered on line 5	6
7 Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

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	\$ 50
COMPUTER MAINT	798
OTHER FACILITIES COST	272
UTILITIES	152
TOTAL	<u>\$ 1,272</u>

Form **4562**

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)
Attach to your tax return.

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

OMB No. 1545-0172

2023

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.

1	Maximum amount (see instructions)	1	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	48,350

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	20
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	48,370
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2023)

Federal Statements

Cash - EOY

Public Inspection Copy

Description	Amount
CASH	\$ 3,882,378
CASH HELD IN TRUST	94,695
TOTAL	<u>\$ 3,977,073</u>

Accounts receivable - EOY

Description	Amount
OTHER REC	\$
FEES RECEIVABLE	346,939
TOTAL	<u>\$ 346,939</u>

Accounts payable - EOY

Description	Amount
ACCOUNTS PAYABLE	\$ 48,157
TOTAL	<u>\$ 48,157</u>

Revenue-net unrealized gains

Description	Amount
BOOK UNREALIZED GAIN	\$ 8,356,295
TOTAL	<u>\$ 8,356,295</u>

In - Kind Donations

Description	Amount
RENT	\$ 74,703
SERVICES	68,940
TOTAL	<u>\$ 143,643</u>

Expenses-donated services

Description	Amount
IN KIND RENT	\$ 74,703
IN KIND SERVICES	68,940
TOTAL	<u>\$ 143,643</u>

Federal Statements

Forsyth County Educ Found

Gross receipts

<u>Description</u>	<u>Amount</u>
FORSYTH 5K CHALLENGE	\$ 65,846
TOTAL	<u>\$ 65,846</u>

Public Inspection Copy

Federal Statements

FRIENDS OF THE GA MOUNTAINS

Gross receipts

<u>Description</u>	<u>Amount</u>
FRIENDS OF THE GA MTNS	\$ 15,300
TOTAL	<u>\$ 15,300</u>

Public Inspection Copy

Federal Statements

Administrative fees

Gross receipts

<u>Description</u>	<u>Amount</u>
ADMINISTRATIVE FEES - ATHENS	\$ 17,775
TOTAL	\$ 17,775

Public Inspection Copy

Federal Statements

JACKSON CTY PARAMEDIC RELIE

Gross receipts

<u>Description</u>	<u>Amount</u>
JPRF - GOLF	\$ 17,000
TOTAL	<u>\$ 17,000</u>

Public Inspection Copy

Federal Statements

MISCELLANEOUS

Gross receipts

<u>Description</u>	<u>Amount</u>
TOTAL UNDER \$5,000	\$ 17,276
TOTAL	\$ 17,276

Public Inspection Copy

Federal Statements

LAKEVIEW ATHLETIC FUND

Gross receipts

<u>Description</u>	<u>Amount</u>
REVENUE	\$ 44,945
TOTAL	<u>\$ 44,945</u>

Public Inspection Copy

Federal Statements

BLAINE DIXON FALLEN HEROS

Gross receipts

Public Inspection Copy

<u>Description</u>	<u>Amount</u>
TOTAL	\$ 21,846
	<u>\$ 21,846</u>