

11683
NORTH GEORGIA COMMUNITY FOUNDATION,

2024 Preparer

Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning _____, and ending _____

NORTH GEORGIA COMMUNITY FOUNDATION, 58-1610318 INC.

Net Asset / Fund Balance at Beginning of Year 117,032,049

Revenue

Contributions	<u>14,453,612</u>	
Program service revenue	<u>494,046</u>	
Investment income	<u>6,895,036</u>	
Capital gain / loss	<u>3,705,981</u>	
Fundraising / Gaming:		
Gross revenue	<u>513,392</u>	
Direct expenses	<u>294,957</u>	
Net income	<u>218,435</u>	
Other income	<u>0</u>	
Total revenue		<u><u>25,767,110</u></u>

Expenses

Program services	<u>23,443,348</u>	
Management and general	<u>409,500</u>	
Fundraising	<u>287,535</u>	
Total expenses		<u><u>24,140,383</u></u>
Excess / (deficit)		<u><u>1,626,727</u></u>
Changes		<u><u>2,696,130</u></u>

Net Asset / Fund Balance at End of Year 121,354,906

Reconciliation of Revenue

Total revenue per financial statements	<u>23,970,090</u>
Less:	
Unrealized gains	<u>2,696,130</u>
Donated services	<u>23,594</u>
Recoveries	
Other	<u>294,958</u>
Plus:	
Investment expenses	
Other	<u>4,811,702</u>
Total revenue per return	<u><u>25,767,110</u></u>

Reconciliation of Expenses

Total expenses per financial statements	<u>16,111,323</u>
Less:	
Donated services	<u>23,594</u>
Prior year adjustments	
Losses	
Other	<u>294,958</u>
Plus:	
Investment expenses	
Other	<u>8,347,612</u>
Total expenses per return	<u><u>24,140,383</u></u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>122,001,601</u>	<u>126,048,419</u>	
Liabilities	<u>4,969,552</u>	<u>4,693,513</u>	
Net assets	<u><u>117,032,049</u></u>	<u><u>121,354,906</u></u>	<u><u>4,322,857</u></u>

Miscellaneous Information

Amended return _____
 Return / extended due date 11/17/25
 Failure to file penalty _____

Form 990-T Return Summary

For calendar year 2024, or tax year beginning , and ending

Income & Losses (Form 990-T, Sch A)	# of Schedules <u>1</u>		
Income from all activities	<u>18,051</u>		
Losses from all activities			
Unrelated business taxable income from all trades		<u>18,051</u>	
Income Adjustments (Form 990-T, Part I)			
Disallowed fringe benefits			
Charitable contributions			
Net operating loss (prior to 2018)			
Specific deduction	<u>1,000</u>		
Section 199A Deduction (Trusts Only)			
Total adjustments		<u>(1,000)</u>	
Unrelated business taxable income			<u>17,051</u>
Taxes & Credits (Form 990-T, Part II and III)			
Regular tax	<u>3,581</u>		
Other tax: <input type="checkbox"/> Proxy <input type="checkbox"/> AMT <input type="checkbox"/> Facilities			
Tax Due		<u>3,581</u>	
Foreign tax credit and other credits			
General business credits			
Prior year minimum tax credit			
Total nonrefundable credits			
Other taxes			
Total tax			<u>3,581</u>
Payments & Penalties			
Estimated tax payments and Tax withheld	<u>2,680</u>		
Paid with extension			
Refundable credits and other payments			
Payments		<u>2,680</u>	
Net tax due			<u>901</u>
Estimated tax penalty			
Interest on late payments			
Failure to file penalty			
Failure to pay penalty			
Penalties			
Balance due			<u>901</u>
Total overpayment			
Overpayment applied to next year's tax			
Refund			

Next Year's Estimates

1st quarter	
2nd quarter	<u>1,791</u>
3rd quarter	<u>895</u>
4th quarter	<u>895</u>
Total	<u>3,581</u>

Miscellaneous Information

Amended return
Return / extended due date 11/17/25

**Rushton, LLC
P.O. Box 2917
Gainesville, GA 30503
770-287-7800**

June 24, 2025

CONFIDENTIAL

NORTH GEORGIA COMMUNITY FOUNDATION,
INC.
340 JESSE JEWELL PKWY. SE
GAINESVILLE, GA 30501

Dear Michelle:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)
Exempt Organization Business Income Tax Return (Form 990-T)
600-T Unrelated Business Return

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Rushton, LLC

xFiling Instructions**NORTH GEORGIA COMMUNITY FOUNDATION,
INC.****Estimated Tax Payments****Taxable Year Ended December 31, 2025**

Instructions: Your required 2025 Form 990-T estimated tax payments are as follows:

Due Date	Remittance
4/15/25	\$0
6/16/25	\$1,791
9/15/25	\$895
12/15/25	\$895

Each payment should be made by a method of Electronic Funds Transfer (EFT). If using the ACH Debit Remittance Method, contact the EFTPS Financial Agent of the U.S. Treasury and direct the Agent to initiate a withdrawal from your account. If using the ACH Credit Remittance Method, contact your financial institution to initiate each tax payment.

Other: Reminders for estimated federal tax installments will not be sent to you. Therefore, you should establish your own reminder system for making timely deposits.

Filing Instructions

NORTH GEORGIA COMMUNITY FOUNDATION, INC.

Exempt Organization Tax Return

Taxable Year Ended December 31, 2024

Date Due: November 17, 2025

Remittance: None is required. Your Form 990 for the tax year ended 12/31/24 shows no balance due.

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

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

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

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

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2024, or fiscal year beginning, 2024, and ending, 20

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**2024**

Name of filer

**NORTH GEORGIA COMMUNITY FOUNDATION,
INC.**

EIN or SSN

58-1610318Name and title of officer or person subject to tax **MICHELLE PRATER
PRESIDENT-CEO****Part I Type of Return and Return Information**

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

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	25,767,110
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

05/20/25**Part III Certification and Authentication**

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

58720530501

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **J. CHRIS HOLLIFIELD**

Date

05/20/25**ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2024)

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20 _____

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**2024**

Name of filer

**NORTH GEORGIA COMMUNITY FOUNDATION,
INC.**

EIN or SSN

58-1610318Name and title of officer or person subject to tax **MICHELLE PRATER
PRESIDENT-CEO****Part I Type of Return and Return Information**

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

1a Form 990 check here	<input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b 3,581
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

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

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

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

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

05/20/25**Part III Certification and Authentication**

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

58720530501

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **J. CHRIS HOLLIFIELD**

Date

05/20/25**ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2024)

11683 06/24/2025 3:35 PM

Form

990

Department of the Treasury
Internal Revenue Service

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

2024

Open to Public Inspection

A For the 2024 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)

340 JESSE JEWELL PKWY. SE

Room/suite

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

GAINESVILLE GA 30501

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

H(c) Group exemption number

I Tax-exempt status:

☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website:

WWW.NGCF.ORG

K Form of organization:

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation:

1985

M State of legal domicile:

GA

G Gross receipts\$

49,381,146

E Telephone number

770-535-7880

D Employer identification number

58-1610318

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 ☐ 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 2024 (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 22,248

7b Net unrelated business taxable income from Form 990-T, Part I, line 11

7b 17,051

Revenue

8 Contributions and grants (Part VIII, line 1h)

14,494,843

9 Program service revenue (Part VIII, line 2g)

501,569

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

5,240,695

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

147,646

12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)

20,384,753

25,767,110

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

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)

1,112,498

1,161,044

16a Professional fundraising fees (Part IX, column (A), line 11e)

0

b Total fundraising expenses (Part IX, column (D), line 25)

287,535

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

1,102,417

1,437,171

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)

15,654,092

24,140,383

19 Revenue less expenses. Subtract line 18 from line 12

4,730,661

1,626,727

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

122,001,601

126,048,419

21 Total liabilities (Part X, line 26)

4,969,552

4,693,513

22 Net assets or fund balances. Subtract line 21 from line 20

117,032,049

121,354,906

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

PRESIDENT-CEO

Type or print name and title

Date

Paid Preparer Use Only

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

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2024)

Part III Statement of Program Service AccomplishmentsCheck 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 \$ **22,795,222** including grants of \$ **21,542,168**) (Revenue \$ **175,035**)**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 \$21 MILLION IN GRANTS AND SCHOLARSHIPS.****4b** (Code:) (Expenses \$ **481,052** including grants of \$) (Revenue \$ **319,011**)**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 \$ **167,074** 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 **23,443,348**

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>	22 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>	23 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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	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>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	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>	27	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>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	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>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	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.	38 X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 37	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	10
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	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? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see 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

	1a	26	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.		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
GAINESVILLE

340 JESSE JEWELL PARKWAY SE STE 605
GA 30501

770-535-7880

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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	40.00									
PRESIDENT-CEO	0.00	X		X				248,071	0	29,039
(2)LISA WARWICK	40.00									
SENIOR VP FINANCE	0.00					X		134,959	0	24,184
(3)MEGAN EVANS	40.00									
VP COMMUNICATIONS	0.00					X		109,071	0	18,111
(4)ANDY BANGS	1.00									
BOARD MEMBER	0.00	X						0	0	0
(5)SCOTT BARLOGA	1.00									
BOARD MEMBER	0.00	X						0	0	0
(6)MARK BELL	1.00									
BOARD MEMBER	0.00	X						0	0	0
(7)CHAD BLACK	1.00									
BOARD MEMBER	0.00	X						0	0	0
(8)JEFF COHEN	1.00									
BOARD MEMBER	0.00	X						0	0	0
(9)STEVE COOPER	1.00									
BOARD MEMBER	0.00	X						0	0	0
(10)CAROLE ANN DANIEL	1.00									
BOARD MEMBER	0.00	X						0	0	0
(11)CHARLIE FIVEASH	1.00									
BOARD MEMBER	0.00	X						0	0	0

Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) RANDALL FROST										
(12) CHAIR	1.00 0.00	X		X				0	0	0
(13) DON GRIMSLEY										
(13) VICE CHAIR	1.00 0.00	X		X				0	0	0
(14) KRISTI GRIFFIN										
(14) TREASURER	1.00 0.00	X		X				0	0	0
(15) LINDA HARDIE										
(15) BOARD MEMBER	1.00 0.00	X						0	0	0
(16) BRIAN HORTON										
(16) BOARD MEMBER	1.00 0.00	X						0	0	0
(17) TOM JOHNSTON										
(17) BOARD MEMBER	1.00 0.00	X						0	0	0
(18) CHRISTINA JONES										
(18) BOARD MEMBER	1.00 0.00	X						0	0	0
(19) TRACY MOON										
(19) BOARD MEMBER	1.00 0.00	X						0	0	0
1b Subtotal								492,101		71,334
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								492,101		71,334

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	3			
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>		Yes	No	
		3			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>		Yes	No	
		4	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>		Yes	No	
		5			X

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		0

Part VII

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

(A) Name and title	(B) Average hours per week (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) MARY HELEN MCGRUDER										
(12) 1.00	0.00									
BOARD MEMBER	0.00	X						0	0	0
(21) STEVE MICKENS										
(13) 1.00	0.00	X						0	0	0
BOARD MEMBER	0.00	X						0	0	0
(22) TATE O'ROUKE										
(14) 1.00	0.00	X						0	0	0
BOARD MEMBER	0.00	X						0	0	0
(23) MARTHA SPENCE										
(15) 1.00	0.00	X						0	0	0
BOARD MEMBER	0.00	X						0	0	0
(24) ROBERT SHIPPEY										
(16) 1.00	0.00	X						0	0	0
BOARD MEMBER	0.00	X						0	0	0
(25) BRIAN STEINES										
(17) 1.00	0.00	X		X				0	0	0
SECRETARY	0.00	X		X				0	0	0
(26) JOHN VARDEMAN										
(18) 1.00	0.00	X						0	0	0
BOARD MEMBER	0.00	X						0	0	0
(27) JASON VOYLES										
(19) 1.00	0.00	X						0	0	0
BOARD MEMBER	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization									

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

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) MARY HART WILHEIT										
(12) 1.00										
BOARD MEMBER	0.00	X						0	0	0
(29) TREY WOOD										
(13) 1.00										
BOARD MEMBER	0.00	X						0	0	0
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck 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	9,767			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	14,443,845			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 5,626,752			
	h	Total. Add lines 1a-1f		14,453,612			
	Program Service Revenue			Business Code			
2a		FOUNDATION FEES - OTHER	900099	269,284	269,284		
b		OFFICE RENTAL TO NON PROFITS	900099	151,788	151,788		
c		OTHER	900099	50,726	50,726		
d		ADMINISTRATIVE FEES	900099	22,248		22,248	
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		494,046			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,895,036			6,895,036
	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	(ii) Other		
	b	Less: cost or other basis and sales exps.	7b	23,319,079			
	c	Gain or (loss)	7c	3,705,981			
	d	Net gain or (loss)		3,705,981	3,705,981		
	8a	Gross income from fundraising events (not including \$ 9,767 of contributions reported on line 1c). See Part IV, line 18	8a	513,392			
	b	Less: direct expenses	8b	294,957			
	c	Net income or (loss) from fundraising events		218,435		218,435	
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions			25,767,110	4,177,779	22,248	7,113,471

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	20,734,343	20,734,343		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	807,825	807,825		
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	248,070	74,421	24,807	148,842
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	668,303	374,786	247,081	46,436
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	49,400	24,216	14,657	10,527
9 Other employee benefits	132,120	64,765	39,200	28,155
10 Payroll taxes	63,151	30,957	18,737	13,457
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	49,605	48,418	742	445
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	33,263	33,263		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	25,663	22,991	1,671	1,001
12 Advertising and promotion	26,166	12,827	7,763	5,576
13 Office expenses	111,931	100,279	7,286	4,366
14 Information technology				
15 Royalties				
16 Occupancy	257,424	230,441	16,874	10,109
17 Travel	51,638	25,313	15,321	11,004
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	152,972	137,048	9,958	5,966
23 Insurance	42,339	37,932	2,756	1,651
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	627,438	627,438		
b OTHER	43,087	43,087		
c BOARD AND COMMITTEE EXP	12,998	12,998		
d INCOME TAX	2,647		2,647	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	24,140,383	23,443,348	409,500	287,535
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 SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,977,073	1	3,347,710
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	346,939	4	393,228
	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	23,922	9	14,880
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,512,825		
	b Less: accumulated depreciation	10b 1,379,771	10c 2,286,025	10c 2,133,054
	11 Investments—publicly traded securities	113,628,372	11	118,599,679
	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	1,739,270	15	1,559,868
16 Total assets. Add lines 1 through 15 (must equal line 33)	122,001,601	16	126,048,419	
Liabilities	17 Accounts payable and accrued expenses	48,163	17	23,070
	18 Grants payable		18	
	19 Deferred revenue	12,600	19	1,824
	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	4,908,789	25	4,668,619
	26 Total liabilities. Add lines 17 through 25	4,969,552	26	4,693,513
	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		110,722,302	27	114,662,093
28 Net assets with donor restrictions		6,309,747	28	6,692,813
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		117,032,049	32	121,354,906
33 Total liabilities and net assets/fund balances		122,001,601	33	126,048,419

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	25,767,110
2	Total expenses (must equal Part IX, column (A), line 25)	2	24,140,383
3	Revenue less expenses. Subtract line 2 from line 1	3	1,626,727
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	117,032,049
5	Net unrealized gains (losses) on investments	5	2,696,130
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	121,354,906

Part XII Financial Statements and Reporting

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

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

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

2024**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						

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

Cat. No. 11285F

Schedule A (Form 990) 2024

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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,670,221	20,306,402	17,941,942	14,494,843	14,453,612	81,867,020
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	14,670,221	20,306,402	17,941,942	14,494,843	14,453,612	81,867,020
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						15,421,194
6 Public support. Subtract line 5 from line 4						66,445,826

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	14,670,221	20,306,402	17,941,942	14,494,843	14,453,612	81,867,020
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,101,247	5,588,423	2,583,329	4,252,085	6,895,036	21,420,120
9 Net income from unrelated business activities, whether or not the business is regularly carried on	215,931	224,889	153,053	160,407	235,486	989,766
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	18,336	7,126	8,458			33,920
11 Total support. Add lines 7 through 10						104,310,826
12 Gross receipts from related activities, etc. (see instructions)					12	2,579,039

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	63.70 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	60.40 %
16a 33 1/3% support test — 2024. 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 — 2023. 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 — 2024. 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 — 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests — 2024. 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		<input type="checkbox"/>
b 33 1/3% support tests — 2023. 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		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

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? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
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))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

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	\$ 33,920

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

Filers of:

Section:

Form 990 or 990-EZ

- ☒ 501(c)(**3**) (enter number) organization
- ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- ☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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).

SCHEDULE D
(Form 990)
 (Rev. December 2024)
 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

**Open to Public
 Inspection**

Name of the organization

**NORTH GEORGIA COMMUNITY FOUNDATION,
 INC.**

Employer identification number

58-1610318

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	177	
2 Aggregate value of contributions to (during year)	10,396,594	
3 Aggregate value of grants from (during year)	8,474,374	
4 Aggregate value at end of year	48,890,542	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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	1c 2,939,135
d Additions during the year	1d 307,841
e Distributions during the year	1e 113,376
f Ending balance	1f 3,133,600

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 in 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	24,141,292	23,975,425	21,989,019	16,943,501	12,933,193
b Contributions	2,600,203	1,689,407	6,770,243	4,254,016	1,982,283
c Net investment earnings, gains, and losses	2,415,425	3,517,355	-4,023,083	2,442,403	2,606,482
d Grants or scholarships	-2,655,579	-4,773,451	-528,961	-1,283,297	-436,380
e Other expenditures for facilities and programs	-5,692,033				
f Administrative expenses	-203,934	-267,444	-231,793	-200,722	-142,077
g End of year balance	20,605,374	24,141,292	23,975,425	22,155,901	16,943,501

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

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	1,090,679	1,086,970
c Leasehold improvements		355,536	71,107	284,429
d Equipment		311,039	150,413	160,626
e Other		100,912	67,572	33,340
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,133,054

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	2,987,744
(3) OPERATING LEASE LIABILITY	1,559,868
(4) ANNUITY LIABILITIES	120,367
(5) SECURITY DEPOSIT	640
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	4,668,619

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	23,970,090
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,696,130
b	Donated services and use of facilities	2b	23,594
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	294,958
e	Add lines 2a through 2d	2e	3,014,682
3	Subtract line 2e from line 1	3	20,955,408
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	4,811,702
c	Add lines 4a and 4b	4c	4,811,702
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	25,767,110

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	16,111,323
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	23,594
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	294,958
e	Add lines 2a through 2d	2e	318,552
3	Subtract line 2e from line 1	3	15,792,771
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	8,347,612
c	Add lines 4a and 4b	4c	8,347,612
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	24,140,383

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 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, 2024, 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

Part XIII Supplemental Information (continued)

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 2021

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER
SPECIAL EVENTS EXPENSE \$ 294,958

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER
ASC 958 - AGENCY FUND REVENUE \$ 4,811,702

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER
SPECIAL EVENTS EXPENSE \$ 294,958

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER
ASC 958 HELD FOR OTHERS GRANTS \$ 8,347,612

**SCHEDULE G
(Form 990)**
(Rev. December 2024)
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
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 nongovernment grants

f ☐ Solicitation of government grants

g ☐ Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>REGION 2 RTAC E</u> (event type)	<u>FORSYTH COUNTY</u> (event type)	<u>7</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	123,990	79,737	202,344	406,071
	2 Less: Contributions ..				
	3 Gross income (line 1 minus line 2)	123,990	79,737	202,344	406,071
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs ..				
	7 Food and beverages ..				
	8 Entertainment				
	9 Other direct expenses	55,238	24,421	190,695	270,354
	10 Direct expense summary. Add lines 4 through 9 in column (d)				270,354
	11 Net income summary. Subtract line 10 from line 3, column (d)				135,717

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:
-
-

- DAA

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

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)	ABOUT FACE-USA 188 TRI COUNTY PLAZA CUMMING GA 30040	46-3950443	3	21,920				HUMAN SERVICES
(2)	ALEXANDER - THARPE FUND 150 BOBBY DODD WAY ATLANTA GA 30332	58-6043226	3	62,350				EDUCATION
(3)	ALLIANCE ACADEMY FOR INNOVATION 1100 LANIER 400 PARKWAY CUMMING GA 30040	83-0580486	3	6,340				EDUCATION
(4)	AMERICAN HEART ASSOCIATION 519 E 4TH ST CHATTANOOGA TN 37403	13-5613797	3	9,800				HEALTH
(5)	ANGEL HOUSE OF GEORGIA 838 MAPLE STREET S.W. GAINESVILLE GA 30501	45-0908910	3	15,000				HEALTH
(6)	ASBURY CHAPEL P O BOX 797 GAINESVILLE GA 30503	92-1202151	3	14,500				RELIGION
(7)	ATHENS TECH FOUNDATION, INC. 800 HIGHWAY 29, NORTH ATHENS GA 30601-1500	58-1824771	3	1,147,635				EDUCATION
(8)	ATLANTA BOTANICAL GARDEN 1345 PIEDMONT AVE., NE ATLANTA GA 30309	58-1313284	3	6,000				ENVIRONMENTAL
(9)	ATLANTA ROAD CHURCH OF CHRIST 902 ATLANTA HIGHWAY GAINESVILLE GA 30501	58-1439463	3	20,250				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

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

Schedule I (Form 990) (Rev. 12-2024)

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Employer identification number	58-1610318
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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)	ATLANTA YOUTH ACADEMIES INC 2120 FORREST PARK RD. S.E. ATLANTA GA 30315	58-2486405	3	18,800				EDUCATION
(2)	AUBURN UNIVERSITY FOUNDATION 107 COMER HALL AUBURN UNIVERSITY AL 36849	63-6022422	3	100,000				EDUCATION
(3)	AUSTIN CLASSICAL GUITAR SOCIETY PO BOX 4072 AUSTIN TX 78765	74-2595883	3	6,000				ARTS & CULTURE
(4)	BALD RIDGE LODGE, INC. 505 LAKELAND PLAZA #302 CUMMING GA 30040	20-3690682	3	20,000				HUMAN SERVICES
(5)	BARTOW EDUCATION FOUNDATION, INC. 65 GILREATH ROAD CARTERSVILLE GA 30121	04-3673036	3	12,783				EDUCATION
(6)	BEYOND LIMITS THERAPEUTIC RIDING IN P O BOX 82 EMERSON GA 30137	46-3677986	3	10,400				HUMAN SERVICES
(7)	BIG CREEK ELEMENTARY 1994 PEACHTREE PARKWAY CUMMING GA 30041	58-6000243	3	10,165				EDUCATION
(8)	BLOOM ENTERPRISES OF GEORGIA INC. PO BOX 1583 GAINESVILLE GA 30503	45-4663274	3	8,200				HUMAN SERVICES
(9)	BMORE LEARNING 3578 HOPE ROAD CUMMING GA 30041	84-4383122	3	7,000				EDUCATION

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

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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OMB No. 1545-0047

**Open to Public
Inspection**

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)	BOY SCOUTS OF AMERICA - NORTHEAST PO BOX 399 JEFFERSON GA 30549	G 58-0566207	3	7,000				EDUCATION
(2)	BOYS & GIRLS CLUBS OF LANIER PO BOX 691 GAINESVILLE GA 30501	58-0656890	3	1,302,250				HUMAN SERVICES
(3)	BRANDYWINE ELEMENTARY SCHOOL 175 MARTIN DRIVE ALPHARETTA GA 30004	58-6000243	3	6,515				EDUCATION
(4)	BRENAU UNIVERSITY 500 WASHINGTON ST., SE BOX 16 GAINESVILLE GA 30501	58-0566143	3	139,990				EDUCATION
(5)	BROOKWOOD ELEMENTARY 2980 VAUGHN DRIVE CUMMING GA 30041	58-6000243	3	5,265				EDUCATION
(6)	BUFORD CHURCH OF CHRIST, INC. 1135 CHATHAM ROAD BUFORD GA 30518	58-1405585	3	96,258				RELIGION
(7)	BYRON HERBERT REECE SOCIETY PO BOX 811 YOUNG HARRIS GA 30582	74-3085856	3	7,500				HUMAN SERVICES
(8)	CALVIN SIMMONS FOUNDATIONAL MINIST 515 NORTH CHURCH STREET THOMASTON GA 30286	58-2054163	3	30,500				RELIGION
(9)	CAREGIVER'S HOPE, INC. PO BOX 94173 ATLANTA GA 30377	77-0642833	3	7,000				HUMAN SERVICES

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

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

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

Schedule I (Form 990) (Rev. 12-2024)

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Employer identification number	58-1610318
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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)	CASA OF FORSYTH COUNTY, INC. 3250 KEITH BRIDGE ROAD CUMMING GA 30041	20-0481980	3	7,600				HUMAN SERVICES
(2)	CENTER POINT, INC. 1050 ELEPHANT TRAIL GAINESVILLE GA 30501	58-1022054	3	144,660				HUMAN SERVICES
(3)	CG JUNG SOCIETY OF ATLANTA, INC. 1266 WEST PACES FERRY ROAD, NW ATLANTA GA 30301	58-1868745	3	11,500				ARTS & CULTURE
(4)	CHATTAHOOCHEE BAPTIST ASSOCIATION 1220 MCEVER ROAD GAINESVILLE GA 30504	58-6014094	3	10,600				HUMAN SERVICES
(5)	CHATTAHOOCHEE ELEMENTARY 2800 HOLTZCLAW ROAD CUMMING GA 30041	58-6000243	3	16,509				EDUCATION
(6)	CHATTAHOOCHEE VALLEY EDUCATIONAL FO P.O. BOX 1030 LANETT AL 36863-1030	23-7061995	3	8,000				EDUCATION
(7)	CHESTATEE ELEMENTARY SCHOOL 6945 KEITH BRIDGE ROAD GAINESVILLE GA 30506	58-6000243	3	11,415				EDUCATION
(8)	CHILDREN'S CENTER FOR HOPE AND HEAL PO BOX 907401 GAINESVILLE GA 30501	58-1718580	3	30,500				HUMAN SERVICES
(9)	CHILDREN'S HEALTHCARE OF ATLANTA FO 1575 NORTHEAST EXPRESSWAY ATLANTA GA 30329	90-0779996	3	4,896,350				HEALTH

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

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

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Employer identification number	58-1610318
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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)	CHRIST PLACE CHURCH 3428 ATLANTA HIGHWAY FLOWERY BRANCH GA 30542	58-1529610	3	13,000				RELIGION
(2)	CHURCH OF THE APOSTLES 32 GRANT ROAD WEST DAWSONVILLE GA 30534	58-1962814	3	6,000				RELIGION
(3)	CHURCH ON THE HILL P.O. BOX 568 BRASELTON GA 30517	58-1866161	3	20,000				RELIGION
(4)	CITY OF GAINESVILLE 300 HENRY WARD WAY GAINESVILLE GA 30501	58-6000581	GOV	15,000				CIVIC/COMMUNITY
(5)	COAL MOUNTAIN ELEMENTARY 3455 COAL MOUNTAIN DRIVE CUMMING GA 30028	58-6000243	3	11,015				EDUCATION
(6)	COMMUNITY FOUNDATION OF JACKSON HOL P.O. BOX 574 JACKSON WY 83002	83-0308856	3	10,000				EDUCATION
(7)	COMMUNITY PARTNERSHIP/RABUN COUNTY 837 HWY 76 W. CLAYTON GA 30525	58-2060125	3	8,250				HUMAN SERVICES
(8)	CONCRETE JUNGLE 1050 OAKLEIGH DRIVE EAST POINT, GA ATLANTA GA 30344	90-0730229	3	15,000				HUMAN SERVICES
(9)	CORNER FARMS FORSYTH 2973 SAMPLES ROAD CUMMING GA 30041	92-1387001	3	315,000				HUMAN SERVICES

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

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SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
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OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Employer identification number	58-1610318
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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)	CROSS TRAINING SPORTS CAMP, INC. PO BOX 526 CLERMONT GA 30527	43-1991487	3	60,000				RELIGION
(2)	DAHLONEGA LUMPKIN CO HUMANE SOCIETY P O BOX 535 DAHLONEGA GA 30533	58-1829089	3	7,000				ANIMAL WELFARE
(3)	DENMARK HIGH SCHOOL 645 MULLINAX ROAD ALPHARETTA GA 30004	58-6000243	3	10,340				EDUCATION
(4)	DOCTORS WITHOUT BORDERS P.O. BOX 5030 HAGERSTOWN MD 21741	13-3433452	3	5,500				HEALTH
(5)	DRUG AWARENESS, INC. 664 LANIER PARK DRIVE GAINESVILLE GA 30501	83-0897362	3	37,000				HUMAN SERVICES
(6)	EAGLE RANCH, INC. PO BOX 7200 CHESTNUT MOUNTAIN GA 30502	58-1497408	3	113,535				HUMAN SERVICES
(7)	EAST FORSYTH HIGH SCHOOL 8910 JOT EM DOWN RD. GAINESVILLE GA 30506	58-6000243	3	27,840				ARTS & CULTURE
(8)	EAST HALL HIGH SCHOOL 3534 EAST HALL ROAD GAINESVILLE GA 30507	58-6000256	GOV	6,000				EDUCATION
(9)	EDMONDSON TELFORD CENTER FOR CHILDREN 603 WASHINGTON STREET NW GAINESVILLE GA 30501	58-2250500	3	27,900				HUMAN SERVICES

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

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

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
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OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Employer identification number	58-1610318
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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? <input type="checkbox"/> Yes <input type="checkbox"/> 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	90,562				ENVIRONMENTAL
(2)	EMERGENCY DIVE RESPONSE TEAM INC 2079 PINE TREE DR. APT. 55 BUFORD GA 30518	92-2630645	3	8,000				HUMAN SERVICES
(3)	ENOTAH CASA PO BOX 2198 DAHLONEGA GA 30533	58-2467159	3	15,000				HUMAN SERVICES
(4)	ETC GEORGIA INC 3309 BOLD SPRINGS RD. DACULA GA 30019	83-0578635	3	16,472				HUMAN SERVICES
(5)	EXTRA SPECIAL PEOPLE 3 CENTRAL PLAZA BOX 155 ROME GA 30161	58-1710803	3	15,000				HUMAN SERVICES
(6)	F.A.I.T.H., INC. PO BOX 1964 CLAYTON GA 30525	58-2176046	3	17,800				HUMAN SERVICES
(7)	FAMILIES 4 FAMILIES, INC. 3915 HARRISON ROAD LOGANVILLE GA 30052	81-4150247	3	22,500				HUMAN SERVICES
(8)	FAMILY PROMISE OF FORSYTH COUNTY PO BOX 3305 CUMMING GA 30028	46-5664080	3	5,250				HUMAN SERVICES
(9)	FAMILY PROMISE OF HALL COUNTY 3606 MCEVER ROAD OAKWOOD GA 30566	27-5544034	3	88,200				HUMAN SERVICES

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

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

Open to Public
Inspection

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

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FIRST BAPTIST CHURCH OF GAINESVILLE 751 GREEN STREET, NW GAINESVILLE GA 30501	58-0622975	3	5,681				RELIGION
(2)	FIRST BAPTIST CHURCH OF JEFFERSON P.O. BOX 395 JEFFERSON GA 30549	58-6120518	3	26,400				RELIGION
(3)	FIRST FREE WILL BAPTIST CHURCH 259 TUSQUITTEE STREET HAYESVILLE NC 28904	84-1720444	3	10,000				RELIGION
(4)	FIRST PRESBYTERIAN CHURCH OF GAINESVILLE 800 S. ENOTA DRIVE, NE GAINESVILLE GA 30501	58-6011388	3	38,400				RELIGION
(5)	FLAT CREEK BAPTIST CHURCH 5504 FLAT CREEK ROAD GAINESVILLE GA 30504	58-1523794	3	8,400				RELIGION
(6)	FOOD BANK OF NORTHEAST GEORGIA 46 PLAZA WAY CLAYTON GA 30525	58-1938066	3	10,500				HUMAN SERVICES
(7)	FOR HIS KINGDOM MISSIONS PO BOX 620 MURRAYVILLE GA 30564	20-8291520	3	7,500				RELIGION
(8)	FORSYTH CENTRAL HIGH SCHOOL 131 ALMON C HILL DRIVE CUMMING GA 30040	58-6000243	GOV	7,340				EDUCATION
(9)	FORSYTH COUNTY COMMUNITY CONNECTION 133 SAMARITAN DRIVE CUMMING GA 30040	58-2099754	3	5,875				HUMAN SERVICES

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

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

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Employer identification number	58-1610318
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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)	FORSYTH COUNTY PUBLIC LIBRARY 585 DAHLONEGA ROAD CUMMING GA 30040	58-2228307	GOV	10,550				ARTS & CULTURE
(2)	FORSYTH COUNTY PUBLIC SCHOOLS 1120 DAHLONEGA HIGHWAY CUMMING GA 30040	58-6000243	GOV	18,299				ARTS & CULTURE
(3)	FOXFIRE FUND P.O. BOX 541 MOUNTAIN CITY GA 30562	23-7022599	3	7,850				ARTS & CULTURE
(4)	FRANKIE AND ANDY'S PLACE 653 GAINESVILLE HIGHWAY WINDER GA 30680	47-5260905	3	33,200				ANIMAL WELFARE
(5)	FRANKLIN COUNTY SCHOOL SYSTEM 280 BUSHA ROAD CARNESVILLE GA 30521	58-6000244	GOV	43,850				EDUCATION
(6)	FURMAN UNIVERSITY FOUNDATION, INC. 3300 POINTSETT HIGHWAY GREENVILLE SC 29613	57-1061363	3	10,000				EDUCATION
(7)	GAINESVILLE FIRST UNITED METHODIST 2780 THOMPSON BRIDGE RD GAINESVILLE GA 30506	58-0641234	3	318,700				RELIGION
(8)	GAINESVILLE HIGH SCHOOL C/O GAINESVILLE CITY SCHOOLS GAINESVILLE GA 30501	58-6000152	GOV	10,500				EDUCATION
(9)	GAINESVILLE PARKS AND RECREATION FO 830 GREEN STREET NE GAINESVILLE GA 30501	58-2263214	GOV	29,157				CIVIC/COMMUNITY

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SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

Name of the organization	NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Employer identification number	58-1610318
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Part I General Information on Grants and Assistance

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(1)	GAINESVILLE-HALL COUNTY COMMUNITY 430 PRIOR STREET SE GAINESVILLE GA 30501	C 58-1591227	GOV	20,000				HUMAN SERVICES
(2)	GATEWAY DOMESTIC VIOLENCE CENTER PO BOX 2962 GAINESVILLE GA 30503-2962	58-1447674	3	18,800				HUMAN SERVICES
(3)	GEORGIA FORESTWATCH 81 CROWN MOUNTAIN PLACE DAHLONEGA GA 30533	58-2188475	3	5,100				ENVIRONMENTAL
(4)	GEORGIA MOUNTAIN FOOD BANK PO BOX 233 GAINESVILLE GA 30503	26-2787610	3	74,000				HUMAN SERVICES
(5)	GEORGIA MOUNTAIN WOMEN'S CENTER, IN PO BOX 833 CORNELIA GA 30531	58-1766060	3	22,432				HUMAN SERVICES
(6)	GEORGIA MOUNTAINS YMCA 2455 YMCA DRIVE GAINESVILLE GA 30501	58-2203268	3	15,000				HUMAN SERVICES
(7)	GEORGIA TECH ATHLETIC ASSOCIATION 150 BOBBY DODD WAY, NW ATLANTA GA 30332	58-0622514	3	25,000				EDUCATION
(8)	GEORGIA TECH FOUNDATION 760 SPRING STREET, SUITE 400 ATLANTA GA 30308	58-6043294	3	37,970				EDUCATION
(9)	GHS BIG RED THEATRE BOOSTER INC 830 CENTURY PLACE GAINESVILLE GA 30501	88-4110237	3	13,000				EDUCATION

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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

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)	GIRL SCOUTS OF HISTORIC GEORGIA, IN 535 SPRING STREET S.E. GAINESVILLE GA 30501	58-0566191	3	18,650				EDUCATION
(2)	GOOD NEWS AT NOON, INC. PO BOX 1577 GAINESVILLE GA 30503	58-1895047	3	10,000				HUMAN SERVICES
(3)	GOOD NEWS CLINICS PO BOX 2683 GAINESVILLE GA 30503	58-2058853	3	4,680,506				HEALTH
(4)	GOOD SHEPHERD LUTHERAN CHURCH 600 S ENOTA DRIVE NE GAINESVILLE GA 30501	58-1077602	3	12,400				RELIGION
(5)	GRACE EPISCOPAL CHURCH 422 BRENAU AVENUE GAINESVILLE GA 30501	58-1524654	3	59,520				RELIGION
(6)	HABERSHAM COUNTY UNITED WAY, INC. PO BOX 572 CORNELIA GA 30531	58-1416241	3	206,903				HUMAN SERVICES
(7)	HABITAT FOR HUMANITY OF HALL COUNTY PO BOX 2514 GAINESVILLE GA 30503	58-1849321	3	8,700				HUMAN SERVICES
(8)	HABITAT FOR HUMANITY OF HALL COUNTY 2380 MURPHY BOULEVARD GAINESVILLE GA 30504	58-1849321	3	5,940				HUMAN SERVICES
(9)	HALL COUNTY DEPARTMENT OF FAMILY AN 970 MCEVER ROAD GAINESVILLE GA 30504	58-6000256	3	7,000				HUMAN SERVICES

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Schedule I (Form 990) (Rev. 12-2024)

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

Open to Public
Inspection

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

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(1)	HALL DAWSON CASA PROGRAM, INC. P O BOX 907471 GAINESVILLE GA 30501	58-2034915	3	93,700				HUMAN SERVICES
(2)	HART PARTNERS, INC. 110 BENSON STREET HARTWELL GA 30643	58-2494811	3	12,500				EDUCATION
(3)	HISPANIC ALLIANCE GA P.O. BOX 1674 GAINESVILLE GA 30503	81-4556909	3	62,500				HUMAN SERVICES
(4)	HOPE FOR HALL P.O. BOX 1764 OAKWOOD GA 30566	92-1819091	3	25,000				EDUCATION
(5)	HUGS FOR HARRISON INC. 1299 SPRINGDALE ROAD GAINESVILLE GA 30501	92-0890253	3	10,000				HUMAN SERVICES
(6)	HUMANE SOCIETY OF NORTHEAST GEORGIA 845 W RIDGE ROAD GAINESVILLE GA 30506	58-0678817	3	547,212				ANIMAL WELFARE
(7)	IKAIKA HAWAII WATERMANS ACADEMY 4013 LURLINE DR. HONOLULU HI 96816	46-2388864	3	8,000				EDUCATION
(8)	JACK P. NIX PRIMARY SCHOOL 342 WEST KYTLE STREET CLEVELAND GA 30528	58-6000346	3	40,000				EDUCATION
(9)	JACKSON COUNTY COMMUNITY OUTREACH PO BOX 746 COMMERCE GA 30529	58-2502517	3	6,000				EDUCATION

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(Rev. December 2024)

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Internal Revenue Service

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

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(1)	JEFFERSON SCHOOL SYSTEM FOUNDATION PO BOX 624 JEFFERSON GA 30549	58-1519680	3	15,738				EDUCATION
(2)	JUDICIAL WATCH PO BOX 96234 WASHINGTON DC 20090-6234	52-1885088	3	25,000				EDUCATION
(3)	JUNIOR ACHIEVEMENT OF GEORGIA 275 NORTHSIDE DRIVE NW ATLANTA GA 30314	58-0598050	3	14,500				EDUCATION
(4)	JUNIOR LEAGUE OF GAINESVILLE-HALL PO BOX 1472 GAINESVILLE GA 30503	58-6003789	3	43,870				CIVIC/COMMUNITY
(5)	JUST PEOPLE, INC. 1412 OAKBROOK DRIVE NORCROSS GA 30093	58-2207476	3	100,000				HUMAN SERVICES
(6)	KALAMAZOO COLLEGE 1200 ACADEMY STREET KALAMAZOO MI 49006	38-1358014	3	20,000				EDUCATION
(7)	KAPPA ALPHA THETA FOUNDATION 8740 FOUNDERS ROAD INDIANAPOLIS IN 46268	36-6066531	3	20,000				EDUCATION
(8)	KEATON FRANKLIN COKER FOUNDATION PO BOX 1517 GAINESVILLE GA 30503	47-2023349	3	6,000				HUMAN SERVICES
(9)	KELLY MILL ELEMENTARY SCHOOL 1180 CHAMBLEE GAP ROAD CUMMING GA 30040	58-6000243	3	7,935				EDUCATION

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SCHEDULE I
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(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
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Name of the organization	NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Employer identification number	58-1610318
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Part I General Information on Grants and Assistance

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(1)	KENNESAW STATE UNIVERSITY FOUNDATION 1000 CHASTAIN ROAD, MAILBOX 9101 KENNESAW GA 30144	23-7034345	3	25,000				EDUCATION
(2)	KNOX MARTIN FOUNDATION FOR BRAIN CA 700 LINDSAY BAKER COURT GAINESVILLE GA 30506	86-3948612	3	23,750				HEALTH
(3)	KYLE PEASE FOUNDATION INC. 2566 SHALLOWFORD ROAD ATLANTA GA 30345	27-4563077	3	10,000				HUMAN SERVICES
(4)	LAKE LANIER OLYMPIC PARK FOUNDATION PO BOX 369 GAINESVILLE GA 30503	58-2094780	3	33,000				ENVIRONMENTAL
(5)	LAKE LANIER ROWING CLUB, INC. 3105 CLARKS BRIDGE ROAD GAINESVILLE GA 30506	58-2223024	3	24,600				CIVIC/COMMUNITY
(6)	LAKE POINT CHURCH P.O. BOX 106 EMERSON GA 30137	45-4607770	3	51,560				RELIGION
(7)	LAKEVIEW ACADEMY 796 LAKEVIEW DRIVE GAINESVILLE GA 30501	58-1077096	3	73,500				EDUCATION
(8)	LAKEWOOD BAPTIST CHURCH 2235 THOMPSON BRIDGE ROAD GAINESVILLE GA 30501	58-0673190	3	11,000				RELIGION
(9)	LANIER TECHNICAL COLLEGE 2535 LANIER TECH DRIVE GAINESVILLE GA 30507	58-0964324	3	7,998				EDUCATION

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(Form 990)**

(Rev. December 2024)

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Internal Revenue Service

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Name of the organization

**NORTH GEORGIA COMMUNITY FOUNDATION,
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Employer identification number

58-1610318**Part I General Information on Grants and Assistance**

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(1)	LEADERSHIP GEORGIA 3372 PEACHTREE ROAD, NE ATLANTA GA 30326	58-1329285	3	19,000				EDUCATION
(2)	LEKOTEK OF GEORGIA, INC. 1901 MONTREAL ROAD TUCKER GA 30084	58-1535266	3	7,000				EDUCATION
(3)	LITTLE MILL MIDDLE SCHOOL 6800 LITTLE MILL ROAD CUMMING GA 30041	58-6000243	3	11,340				EDUCATION
(4)	MAKE A WISH FOUNDATION OF GEORGIA 1775 THE EXCHANGE S.E. SUITE 200 ATLANTA GA 30339	58-2146828	3	24,000				HUMAN SERVICES
(5)	MENTOR ME - NORTH GEORGIA INC. PO BOX 2053 CUMMING GA 30028	26-2202642	3	5,500				EDUCATION
(6)	MOSSY CREEK ELEMENTARY SCHOOL 128 HORACE FITZPATRICK DRIVE CLEVELAND GA 30528	58-6000346	GOV	40,000				EDUCATION
(7)	MY SISTER'S PLACE PO BOX 908492 GAINESVILLE GA 30503	16-1619238	3	47,200				HUMAN SERVICES
(8)	NEW HAVEN CHURCH 615 WHITE SULPHUR RD. GAINESVILLE GA 30501	58-2187757	3	7,000				RELIGION
(9)	NORTH FORSYTH HIGH SCHOOL 3635 COAL MOUNTAIN DRIVE CUMMING GA 30028	58-6000243	GOV	6,340				EDUCATION

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Schedule I (Form 990) (Rev. 12-2024)

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**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**

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(1)	NORTH FORSYTH MIDDLE SCHOOL 3645 COAL MOUNTAIN DRIVE CUMMING GA 30028	58-6000243	GOV	6,840				EDUCATION
(2)	NORTH GEORGIA LAND TRUST INC 200 EE BUTLER PARKWAY GAINESVILLE GA 30501	93-4974640	3	7,500				ENVIRONMENTAL
(3)	NORTH GEORGIA WORKS INC. PO BOX 2458 GAINESVILLE GA 30503	82-2428323	3	18,400				HUMAN SERVICES
(4)	NORTHEAST GEORGIA HEALTH SYSTEM FOU 2150 LIMESTONE PARKWAY, SUITE 115 GAINESVILLE GA 30501	58-1694820	3	922,900				HEALTH
(5)	NORTHEAST GEORGIA HISTORY CENTER PO BOX 1451 GAINESVILLE GA 30503-1451	58-1443900	3	285,000				ARTS & CULTURE
(6)	ONE CHILD EL SALVADOR INC. P.O. BOX 274 DAHLONEGA GA 30533	83-2029118	3	8,000				HUMAN SERVICES
(7)	ORCHARD PO BOX 18577 ATLANTA GA 31126	58-2429274	3	8,000				RELIGION
(8)	OTWELL MIDDLE SCHOOL 605 TRIBBLE GAP ROAD CUMMING GA 30040	58-6000243	3	6,340				EDUCATION
(9)	PARK CITY COMMUNITY CHURCH 4501 N. HWY 224 PARK CITY UT 84098	87-0395038	3	15,000				RELIGION

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(Rev. December 2024)

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OMB No. 1545-0047

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Inspection

Name of the organization	NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Employer identification number	58-1610318
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	PATH UNITED P O BOX 1087 LOGANVILLE GA 30052	45-3861248	3	11,524				HUMAN SERVICES
(2)	PAWS ANIMAL WELFARE SERVICES 15 SOUTH 1750 EAST DRIGGS ID 83422	83-0326768	3	10,000				ANIMAL WELFARE
(3)	PERIMETER SCHOOL 9500 MEDLOCK BRIDGE ROAD JOHNS CREEK GA 30097	58-1348544	3	16,000				EDUCATION
(4)	PIEDMONT CASA INC. PO BOX 605 JEFFERSON GA 30549	58-2537970	3	9,450				HUMAN SERVICES
(5)	PINEY GROVE MIDDLE SCHOOL 8135 MAJORS ROAD CUMMING GA 30041	58-6000243	3	6,740				EDUCATION
(6)	PREVENT BLINDNESS GEORGIA 270 CARPENTER DR NE ATLANTA GA 30328	58-6050305	3	15,000				HEALTH
(7)	QUINLAN VISUAL ARTS CENTER 3033 STILLWATER DRIVE GAINESVILLE GA 30506	58-6040517	3	51,750				ARTS & CULTURE
(8)	RABUN COUNTY SCHOOL SYSTEM 963 TIGER CONNECTOR TIGER GA 30576	58-6000308	GOV	7,000				EDUCATION
(9)	RABUN GAP - NACOOCHEE SCHOOL 339 NACOOCHEE DRIVE RABUN GAP GA 30568	58-0593430	3	6,415				EDUCATION

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

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

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

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)	RABUN PICKLEBALL CLUB, INC. P.O. BOX 112 TIGER GA 30576	88-3386790	3	10,000				CIVIC/COMMUNITY
(2)	RAPE RESPONSE 615 OAK STREET GAINEVILLE GA 30503	58-1788134	3	36,500				HUMAN SERVICES
(3)	RESTORE 5-10 FOUNDATION INC. P.O. BOX 908822 GAINESVILLE GA 30501	87-4151347	3	10,000				HUMAN SERVICES
(4)	RICHARD'S KIDS, INC. PO BOX 68 CLAYTON GA 30525	20-1702630	3	8,450				HUMAN SERVICES
(5)	RIVERWATCH MIDDLE SCHOOL 610 JAMES BURGESS ROAD SUWANEE GA 30024	58-6000243	3	10,868				EDUCATION
(6)	ROCK SPRINGS CHURCH 219 ROCK SPRINGS ROAD MILNER GA 30257	58-2619515	3	11,000				RELIGION
(7)	SAGE MOUNTAIN P.O. BOX 681596 PARK CITY UT 84068	46-2870762	3	9,400				ANIMAL WELFARE
(8)	SAMARITAN'S PURSE PO BOX 3000 BOONE NC 28607	58-1437002	3	23,500				HUMAN SERVICES
(9)	SANDRA DUNAGAN DEAL ELEMENTARY SCHO 2850 RAMSEY ROAD GAINESVILLE GA 30501	58-6000256	3	11,500				EDUCATION

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

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

Schedule I (Form 990) (Rev. 12-2024)

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Employer identification number	58-1610318
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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)	SAUTEE NACOOCHEE COMMUNITY ASSOCIAT 283 HIGHWAY 255 N. SAUTEE NACOOCHEE GA 30571	58-1655784	3	138,923				ARTS & CULTURE
(2)	SAUTEE-NACOOCHEE COMMUNITY ASSOCIAT P O BOX 460 SAUTEE NACOOCHEE GA 30571	58-1655784	3	270,956				ARTS & CULTURE
(3)	SAWNEE ASSOCIATION OF THE ARTS, INC 111 PILGRIM MILL ROAD CUMMING GA 30040	58-1562321	3	5,500				ARTS & CULTURE
(4)	SAWNEE BALLET THEATRE INC. 543 LAKE CENTER PKWY CUMMING GA 30040	58-2006008	3	10,000				ARTS & CULTURE
(5)	SER FAMILIA 1000 COBB PLACE BLVD, NW KENNESAW GA 30144	35-2166123	3	22,500				HUMAN SERVICES
(6)	SETTLES BRIDGE ELEMENTARY 600 JAMES BURGESS ROAD SUWANEE GA 30024	58-6000243	3	5,439				EDUCATION
(7)	SEWANEE: UNIVERSITY OF THE SOUTH 735 UNIVERSITY AVENUE SEWANEE TN 37383	62-0475697	3	10,000				EDUCATION
(8)	SGT DP LAND MEMORIAL LODGE 82 INC P.O. BOX 1374 CUMMING GA 30028	58-2014065	3	10,084				HUMAN SERVICES
(9)	SHARING GODS LIGHT INC 4668 QUAILWOOD DRIVE FLOWERY BRANCH GA 30542	04-3624275	3	10,682				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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Employer identification number	58-1610318
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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)	SHEPHERD CENTER FOUNDATION 2020 PEACHTREE ROAD, NW ATLANTA GA 30309	20-1238224	3	31,400				HEALTH
(2)	SID WEBER MEMORIAL CANCER FUND PO BOX 485 RABUN GAP GA 30568	20-2394931	3	31,400				HUMAN SERVICES
(3)	SILVER CITY ELEMENTARY 6200 DAHLONEGA HWY. CUMMING GA 30028	58-6000243	3	9,350				EDUCATION
(4)	SISU 2360 MURPHY BOULEVARD GAINESVILLE GA 30504	58-1622732	3	146,245				EDUCATION
(5)	SOUTH ENOTAH CHILD ADVOCACY CENTER, PO BOX 3165 CLEVELAND GA 30528	81-3158790	3	75,000				HEALTH
(6)	SOUTH FORSYTH HIGH SCHOOL 585 PEACHTREE PARKWAY CUMMING GA 30041	58-6000243	3	6,260				EDUCATION
(7)	SOUTH FORSYTH MIDDLE SCHOOL 4670 WINDERMERE PARKWAY CUMMING GA 30041	58-6000243	3	7,840				EDUCATION
(8)	SOUTHEASTERN YOUNG ARTISTS INC. 3102 CENTURION DRIVE GAINESVILLE GA 30506	88-3366645	3	10,000				ARTS & CULTURE
(9)	ST BRIGID CATHOLIC CHURCH JOHNS CRE 3400 OLD ALABAMA RD ALPHARETTA GA 30022-5525	58-2414769	3	34,000				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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

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Inspection

Name of the organization	NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Employer identification number	58-1610318
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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)	ST. JUDE CHILDREN'S RESEARCH HOSPIT 501 ST. JUDE PLACE MEMPHIS TN 38105	62-0646012	3	8,000				HEALTH
(2)	STATE BOTANICAL GARDEN OF GEORGIA 2450 S. MILLEDGE AVENUE ATHENS GA 30605	58-6033837	3	10,000				ENVIRONMENTAL
(3)	STRAIGHT STREET REVOLUTION MINISTRI 2145 CENTENNIAL DRIVE GAINESVILLE GA 30504	27-3193902	3	9,400				HUMAN SERVICES
(4)	TABERNACLE INTERNATIONAL CHURCH 270 SIMONTON ROAD SW. LAWRENCEVILLE GA 30046	58-1425866	3	9,400				RELIGION
(5)	THE ARTS COUNCIL, INC. 331 SPRING STREET GAINESVILLE GA 30501	58-1163155	3	11,200				ARTS & CULTURE
(6)	THE CREATIVE LEARNING CENTER 205 MINISTRY MOUNTAIN DR. CLAYTON GA 30525	58-1259864	3	11,000				EDUCATION
(7)	THE FORSYTH COUNTY WITH PROGRAM INC 2973 SAMPLES ROAD CUMMING GA 30041	92-3960163	3	20,000				HUMAN SERVICES
(8)	THE HAMBIDGE CENTER FOR THE CREATIV PO BOX 339 RABUN GAP GA 30568	58-6001278	3	178,285				ARTS & CULTURE
(9)	THE J.W. FANNING INSTITUTE FOR LEAD 1240 S. LUMPKIN STREET ATHENS GA 30602	58-6001998	3	10,000				EDUCATION

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

SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
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OMB No. 1545-0047

Open to Public
Inspection

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

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THE LEADERSHIP INSTITUTE 1101 N. HIGHLAND STREET ARLINGTON VA 22201	51-0235174	3	12,500				EDUCATION
(2)	THE ORIANNE SOCIETY 11 OLD FRUIT STAND LANE TIGER GA 30576	26-2444068	3	10,200				ENVIRONMENTAL
(3)	THE PLACE 2550 THE PLACE CIRCLE CUMMING GA 30040	58-2355072	3	10,000				HUMAN SERVICES
(4)	THE PLACE, INC. PO BOX 2607 CUMMING GA 30028	58-2355072	3	12,500				HUMAN SERVICES
(5)	THE SALVATION ARMY - GAINESVILLE GRANTS HANDLING GAINESVILLE GA 30501	58-0660607	3	19,000				HUMAN SERVICES
(6)	THE TORCH WORSHIP CENTER 800 CANNON BRIDGE ROAD DEMOREST GA 30535	58-1552932	3	27,000				RELIGION
(7)	THE WESTMINSTER SCHOOLS 1424 WEST PACES FERRY ROAD, NW ATLANTA GA 30327	58-0566206	3	5,470				EDUCATION
(8)	TRINITY SCHOOL OFFICE OF ADVANCEMENT ATLANTA GA 30327	58-1197585	3	13,500				EDUCATION
(9)	TRUE IDENTITY MINISTRIES 4003 DELFAIRE TRACE CUMMING GA 30040	26-4265852	3	7,970				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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
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OMB No. 1545-0047

Open to Public
Inspection

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

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	UGA FOUNDATION 1 PRESS PLACE, SUITE 101 ATHENS GA 30601	58-6033837	3	30,000				EDUCATION
(2)	UNITED CEREBRAL PALSY OF GEORGIA 3300 NORTHEAST EXPY., NE, BLDG. 9 ATLANTA GA 30341	58-0976462	3	7,000				HEALTH
(3)	UNITED WAY OF HALL COUNTY 527 OAK STREET GAINESVILLE GA 30501	58-6011393	3	393,433				HUMAN SERVICES
(4)	UNIVERSITY OF NORTH GEORGIA 82 COLLEGE CIRCLE DAHLONEGA GA 30597	23-7066297	3	11,326				EDUCATION
(5)	UNIVERSITY OF NORTH GEORGIA FOUNDAT PO BOX 1599 DAHLONEGA GA 30533	23-7066297	3	43,650				EDUCATION
(6)	UNIVERSITY SYSTEM OF GEORGIA FOUNDA 270 WASHINGTON STREET S.W. # 7002 ATLANTA GA 30334	58-6333106	3	20,000				EDUCATION
(7)	UYC MARITIME FOUNDATION INC 6649 YACHT CLUB ROAD FLOWERY BRANCH GA 30542	20-4154426	3	26,265				EDUCATION
(8)	VALDOSTA STATE UNIVERSITY 1500 N. PATTERSON STREET VALDOSTA GA 31698	58-6002072	3	9,000				EDUCATION
(9)	VICKERY CREEK ELEMENTARY 6280 POST ROAD CUMMING GA 30040	58-6000243	3	5,515				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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

Open to Public
Inspection

Name of the organization	NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Employer identification number	58-1610318
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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)	WASHINGTON UNIVERSITY IN ST. LOUIS 7425 FORSYTH BLVD. SAINT LOUIS MO 63105	43-0653611	3	10,000				EDUCATION
(2)	WEST FORSYTH HIGH SCHOOL 4155 DREW ROAD CUMMING GA 30040	58-6000243	3	11,668				ARTS & CULTURE
(3)	WHISPERING ANGELS YOUTH RANCH 4549 CLARKS BRIDGE ROAD GAINESVILLE GA 30506	47-1406367	3	28,500				HUMAN SERVICES
(4)	WHITE COUNTY MIDDLE SCHOOL 283 OLD BLAIRSVILLE RD. CLEVELAND GA 30528	58-6000346	GOV	40,000				EDUCATION
(5)	YMCA - OF METROPOLITAN ATLANTA 40 OLD SANDTOWN ROAD CARTERSVILLE GA 30102	58-0566253	3	13,000				HUMAN SERVICES
(6)	YOUNG HARRIS COLLEGE PO BOX 275 YOUNG HARRIS GA 30582	58-0593414	3	72,875				EDUCATION
(7)								
(8)								
(9)								

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

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

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	343	807,825			
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.
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SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2024, or tax year beginning , and ending

2024

Name of the organization NORTH GEORGIA COMMUNITY FOUNDATION,
INC.

Employer identification number

58-1610318

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

GRANTMAKING DUE DILIGENCE PROCEDURE

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

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

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

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

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

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

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

Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2024, or tax year beginning , and ending

2024

Name of the organization NORTH GEORGIA COMMUNITY FOUNDATION,
INC.

Employer identification number

58-1610318

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

DUE DILIGENCE INVESTIGATION

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

EVIDENCE OF QUALIFICATION

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

Supplemental Information

SCHEDULE I
(Form 990)

2024

For calendar year 2024, or tax year beginning , and ending

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

Employer identification number

58-1610318

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

Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2024, or tax year beginning , and ending

2024

Name of the organization NORTH GEORGIA COMMUNITY FOUNDATION,
INC.

Employer identification number

58-1610318

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		2024
		For calendar year 2024, or tax year beginning , and ending		
Name of the organization NORTH GEORGIA COMMUNITY FOUNDATION, INC.			Employer identification number 58-1610318	

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

SCHEDULE I (Form 990)		Supplemental Information		2024
		For calendar year 2024, or tax year beginning		, and ending
Name of the organization NORTH GEORGIA COMMUNITY FOUNDATION, INC.				Employer identification number 58-1610318

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

Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2024, or tax year beginning , and ending

2024

Name of the organization NORTH GEORGIA COMMUNITY FOUNDATION,
INC.

Employer identification number

58-1610318

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		2024
		For calendar year 2024, or tax year beginning , and ending		
Name of the organization NORTH GEORGIA COMMUNITY FOUNDATION, INC.				Employer identification number 58-1610318

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)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

**Open to Public
Inspection****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

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 MICHELLE PRATER PRESIDENT-CEO	(i)	215,714	32,357	0	12,973	16,066	277,110	0
	(ii)	0	0	0	0	0	0	0
2 LISA WARWICK SENIOR VP FINANCE	(i)	125,433	9,526	0	7,526	16,658	159,143	0
	(ii)	0	0	0	0	0	0	0
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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.

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)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization	NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Employer identification number	58-1610318
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FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 AFTER IT IS COMPLETED, THE 990 IS SENT TO EACH MEMBER OF THE BOARD OF DIRECTORS. NGCF'S AUDIT COMMITTEE MEETS WITH THE AUDITORS AND REVIEWS THE RETURN. IT IS THEN PRESENTED TO THE FULL BOARD AT THE NEXT BOARD OF DIRECTOR'S MEETING FOR APPROVAL FOR FILING.

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

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS 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 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.

Filing Instructions

NORTH GEORGIA COMMUNITY FOUNDATION, INC.

Exempt Organization Business Tax Return

Taxable Year Ended December 31, 2024

Date Due: AS SOON AS POSSIBLE

Remittance: Your Form 990-T for the tax year ended 12/31/24 shows a balance due of \$901. No remittance is to be filed with Form 990-T, but a payment in the amount of \$901 should be made by a method of Electronic Funds Transfer (EFT) on or before the above date. If using the ACH Debit Remittance Method, contact the EFTPS Financial Agent of the U.S. Treasury and direct the Agent to initiate a withdrawal from your account. If using the ACH Credit Remittance Method, contact your financial institution to initiate this tax payment.

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

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

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

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

Form **990-T**Department of the Treasury
Internal Revenue Service**Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

For calendar year 2024 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).

OMB No. 1545-0047

2024Open to Public Inspection
for 501(c)(3)
Organizations Only

A <input type="checkbox"/> Check box if address changed. B Exempt under section <input checked="" type="checkbox"/> 501(C) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) NORTH GEORGIA COMMUNITY FOUNDATION, INC. 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	D Employer identification number 58-1610318 E Group exemption number (see instructions) F <input type="checkbox"/> Check box if an amended return.
C Book value of all assets at end of year 126,048,419			
G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university <input type="checkbox"/> 6417(d)(1)(A) Applicable entity			
H Check if filing only to claim <input type="checkbox"/> Credit from Form 8941 <input type="checkbox"/> Refund shown on Form 2439 <input type="checkbox"/> 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 <input type="checkbox"/>			
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	18,051
2 Reserved	2	
3 Add lines 1 and 2	3	18,051
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	18,051
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	18,051
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	17,051

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11, by 21% (0.21)	1	3,581
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	
4a Amount from Form 4255, Part I, line 3, column (q)	4a	
b Other tax amounts. See instructions	4b	
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	3,581

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	3,581	
3a Amount from Form 4255, Part I, line 3, column (r) (see instructions)	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	3,581	

For Paperwork Reduction Act Notice, see instructions.

DAA

Form **990-T** (2024)

Part III Tax and Payments (continued)

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5	
6a	Payments: Preceding year's overpayment credited to the current year	6a	2,680
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
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	2,680
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	901
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2025 estimated tax Refunded	11	

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

1	At any time during the 2024 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
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
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.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	<div>May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</div>			
	Signature of officer	Date	Title	
			PRESIDENT-CEO	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	J. CHRIS HOLLIFIELD	J. CHRIS HOLLIFIELD		P00939610
	Firm's name	Firm's EIN		
	RUSHTON, LLC	87-1753047		
	Firm's address	Phone no.		
	P.O. BOX 2917 GAINESVILLE, GA 30503	770-287-7800		

**SCHEDULE A
(Form 990-T)****Unrelated Business Taxable Income
From an Unrelated Trade or Business**

OMB No. 1545-0047

2024Department of the Treasury
Internal Revenue ServiceGo 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 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 22,248			
b Less returns and allowances c Balance	1c 22,248		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3 22,248		22,248
4a Capital gain net income (attach Schedule 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 22,248		22,248

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

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	2,509
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	192
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	8b 0
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	151
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement) SEE STATEMENT 1	14	1,345
15 Total deductions. Add lines 1 through 14	15	4,197
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	18,051
17 Deduction for net operating loss. See instructions	17	
18 Unrelated business taxable income. Subtract line 17 from line 16	18	18,051

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2024

Part III Cost of Goods Sold

Enter method of inventory valuation

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

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

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A)				
4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				
5	Total deductions. Add line 4, columns A through D. Enter here and on Part I, line 6, column (B)				

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)				
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)				
11	Total dividends — received deductions included in line 10				

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

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations				
7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).

Totals

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

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).

Totals

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

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

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

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

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

	A	B	C	D
2 Gross advertising income				
a Add columns A through D. Enter here and on Part I, line 11, column (A)				
3 Direct advertising costs by periodical				
a Add columns A through D. Enter here and on Part I, line 11, column (B)				
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5 Readership costs				
6 Circulation income				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				

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

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			

Part XI Supplemental Information (see instructions)

Unrelated Business Activity

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

Deduction Description	Deduction Amount
OFFICE SUPPLIES	\$ 75
COMPUTER MAINT	838
OTHER FACILITIES COST	272
UTILITIES	160
TOTAL	\$ 1,345

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

2024

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	1,220,000
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	3,050,000
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 2023 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 2025. 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	47,394

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 2024	17	0
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		

Section B—Assets Placed in Service During 2024 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 2024 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	47,394
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** (2024)

58-1610318

Federal Asset Report

FYE: 12/31/2024

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Sec Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Other Depreciation:											
15	LAND - 611 OAK ST	3/26/01	94,292				94,292	0	-- Land	0	0
16	LAND - 615 OAK ST	3/26/01	142,046				142,046	0	-- Land	0	0
17	BUILDING - 615 A-E OAK ST PURCHAS	3/26/01	486,905				486,905	40	MO S/L	276,927	12,173
18	615 F OAK ST IMPROVEMENTS	12/14/01	559,877				559,877	40	MO S/L	309,099	13,997
24	GRADING - 615 OAK ST	12/14/01	3,770				3,770	15	MO S/L	3,770	0
25	LANDSCAPING - 615 OAK ST	12/14/01	21,372				21,372	15	MO S/L	21,372	0
27	DEMOLITION - 615 OAK ST	12/14/01	6,500				6,500	0	-- Memo	0	0
28	BUILDING - 615 F OAK ST PURCHASE	3/26/01	103,999				103,999	40	MO S/L	59,150	2,600
29	615 A-E OAK ST IMPROVEMENTS	12/14/01	26,695				26,695	40	MO S/L	14,738	667
50	LAND - LAKE RABUN PAVILION	8/10/05	331,352				331,352	0	-- Land	0	0
51	PAVILION - LAKE RABUN	12/01/06	700,964				700,964	40	MO S/L	299,370	17,524
58	BURGLAR AND FIRE ALARM SYSTEM	2/13/08	1,456				1,456	40	MO S/L	579	37
64	UPPER PARKING LOT DRAINAGE PRO.	10/27/08	9,325				9,325	15	MO S/L	9,325	0
65	PATH TO OVERFLOW PARKING LOT P	10/09/08	8,800				8,800	15	MO S/L	8,800	0
66	PRESSURE GROUTING/FLOOR LEVELI	12/08/08	15,850				15,850	40	MO S/L	5,977	396
73	CARRIER 2 TON HEAT PUMP - SUITE A	3/01/13	0				0	0	HY	0	0
74	CARRIER 3 TON HEAT PUMP - SUITE C	3/01/13	0				0	0	HY	0	0
76	CARRIER 3 TON A/C UNIT - SUITE 700	10/08/13	0				0	0	HY	0	0
77	LANDSCAPING PRIVACY SCREEN	11/11/13	0				0	0	HY	0	0
83	WATER HEATER - SUITE C	9/30/15	0				0	0	HY	0	0
84	CARRIER 2 TON AIR HANDLING UNIT	5/26/15	0				0	0	HY	0	0
87	75" SAMSUNG LED FLAT SCREEN SM/	12/08/15	0				0	0	HY	0	0
88	55" SAMSUNG LED FLAT SCREEN SM/	12/08/15	0				0	0	HY	0	0
89	55" SAMSUNG LED FLAT SCREEN SM/	12/08/15	0				0	0	HY	0	0
95	2017 RENOVATION PROJECT	12/04/17	0				0	0	HY	0	0
96	PARKING LOT PAVING	12/04/17	0				0	0	HY	0	0
97	WHIRLPOOL FRENCH DOOR REFRIGE	12/04/17	0				0	0	HY	0	0
98	BROWN SOFA	1/18/17	0				0	0	HY	0	0
99	55" SAMSUNG SMART TV	10/03/17	0				0	0	HY	0	0
101	CLEARVIEW CAMERA SYSTEM WITH	12/12/17	0				0	0	HY	0	0
102	3 TON 14 SEER BRYANT HEAT PUMP S	2/05/18	0				0	0	HY	0	0
103	CARDIAC SCIENCE G3 DIFIB. WITH BA	4/10/18	0				0	0	HY	0	0
104	PAXTON ACCESS CONTROL AND PAN	10/31/18	0				0	0	HY	0	0
105	DUMPSTER PRIVACY FENCE	11/30/18	0				0	0	HY	0	0
106	CONCRETE DRIVEWAY IMPROVEMEN	11/30/18	0				0	0	HY	0	0
107	Website Design	4/01/18	0				0	0	HY	0	0
108	DELL POWEREDGE SERVER	5/30/19	0				0	0	HY	0	0
109	BRYANT 3 1/2 TON AC SYSTEM	7/26/19	0				0	0	HY	0	0
110	SUITE A REMODEL	5/30/19	0				0	0	HY	0	0
111	NEW ROOF	5/17/19	0				0	0	HY	0	0
112	VIDEOCONFERENCING SYSTEMS FOR	10/21/20	0				0	0	HY	0	0
113	TRAINING TABLE	11/26/20	0				0	0	HY	0	0
114	GAS FURNACE SYSTEM INDOOR/OUT	5/06/21	0				0	0	HY	0	0
115	OFFICE RENOVATION	12/22/22	0				0	0	HY	0	0
116	OFFICE RENOVATION FURNITURE AN	12/22/22	0				0	0	HY	0	0
117	COMMUNITY ROOM RENOVATION	12/22/22	0				0	0	HY	0	0
118	COMMUNITY ROOM FURNITURE AND	12/22/22	0				0	0	HY	0	0
119	COMMON AREA RENOVATION	12/22/22	0				0	0	HY	0	0
120	COMMON AREA RENOVATION FURNI	12/22/22	0				0	0	HY	0	0
121	DUPLEX CONTROL BOX AND SUMP P	5/19/23	0				0	0	HY	0	0
123	RECEPTION DESK	8/31/23	0				0	0	HY	0	0
Total Other Depreciation			<u>2,513,203</u>				<u>2,513,203</u>			<u>1,009,107</u>	<u>47,394</u>
Total ACRS and Other Depreciation			<u>2,513,203</u>				<u>2,513,203</u>			<u>1,009,107</u>	<u>47,394</u>
Grand Totals			2,513,203				2,513,203			1,009,107	47,394
Less: Dispositions and Transfers			0				0			0	0
Less: Start-up/Org Expense			0				0			0	0
Net Grand Totals			<u>2,513,203</u>				<u>2,513,203</u>			<u>1,009,107</u>	<u>47,394</u>

Asset	Description	Date In Service	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
Other Depreciation:								
15	LAND - 611 OAK ST	3/26/01	94,292	94,292	0	0	0	0
16	LAND - 615 OAK ST	3/26/01	142,046	142,046	0	0	0	0
17	BUILDING - 615 A-E OAK ST PURCHAS	3/26/01	486,905	486,905	276,927	12,173	12,173	0
18	615 F OAK ST IMPROVEMENTS	12/14/01	559,877	559,877	309,099	13,997	13,997	0
24	GRADING - 615 OAK ST	12/14/01	3,770	3,770	3,770	0	0	0
25	LANDSCAPING - 615 OAK ST	12/14/01	21,372	21,372	21,372	0	0	0
27	DEMOLITION - 615 OAK ST	12/14/01	6,500	6,500	0	0	0	0
28	BUILDING - 615 F OAK ST PURCHASE	3/26/01	103,999	103,999	59,150	2,600	2,600	0
29	615 A-E OAK ST IMPROVEMENTS	12/14/01	26,695	26,695	14,738	667	667	0
50	LAND - LAKE RABUN PAVILION	8/10/05	331,352	331,352	0	0	0	0
51	PAVILION - LAKE RABUN	12/01/06	700,964	700,964	299,370	17,524	17,524	0
58	BURGLAR AND FIRE ALARM SYSTEM	2/13/08	1,456	1,456	579	37	37	0
64	UPPER PARKING LOT DRAINAGE PRO.	10/27/08	9,325	9,325	9,325	0	0	0
65	PATH TO OVERFLOW PARKING LOT P	10/09/08	8,800	8,800	8,800	0	0	0
66	PRESSURE GROUTING/FLOOR LEVEL	12/08/08	15,850	15,850	5,977	396	396	0
73	CARRIER 2 TON HEAT PUMP - SUITE A	3/01/13	0	0	0	0	0	0
74	CARRIER 3 TON HEAT PUMP - SUITE C	3/01/13	0	0	0	0	0	0
76	CARRIER 3 TON A/C UNIT - SUITE 700	10/08/13	0	0	0	0	0	0
77	LANDSCAPING PRIVACY SCREEN	11/11/13	0	0	0	0	0	0
83	WATER HEATER - SUITE C	9/30/15	0	0	0	0	0	0
84	CARRIER 2 TON AIR HANDLING UNIT	5/26/15	0	0	0	0	0	0
87	75" SAMSUNG LED FLAT SCREEN SM/L	12/08/15	0	0	0	0	0	0
88	55" SAMSUNG LED FLAT SCREEN SM/L	12/08/15	0	0	0	0	0	0
89	55" SAMSUNG LED FLAT SCREEN SM/L	12/08/15	0	0	0	0	0	0
95	2017 RENOVATION PROJECT	12/04/17	0	0	0	0	0	0
96	PARKING LOT PAVING	12/04/17	0	0	0	0	0	0
97	WHIRLPOOL FRENCH DOOR REFRIGER	12/04/17	0	0	0	0	0	0
98	BROWN SOFA	1/18/17	0	0	0	0	0	0
99	55" SAMSUNG SMART TV	10/03/17	0	0	0	0	0	0
101	CLEARVIEW CAMERA SYSTEM WITH	12/12/17	0	0	0	0	0	0
102	3 TON 14 SEER BRYANT HEAT PUMP S	2/05/18	0	0	0	0	0	0
103	CARDIAC SCIENCE G3 DIFIB. WITH BA	4/10/18	0	0	0	0	0	0
104	PAXTON ACCESS CONTROL AND PAN	10/31/18	0	0	0	0	0	0
105	DUMPSTER PRIVACY FENCE	11/30/18	0	0	0	0	0	0
106	CONCRETE DRIVEWAY IMPROVEMEN	11/30/18	0	0	0	0	0	0
107	Website Design	4/01/18	0	0	0	0	0	0
108	DELL POWEREDGE SERVER	5/30/19	0	0	0	0	0	0
109	BRYANT 3 1/2 TON AC SYSTEM	7/26/19	0	0	0	0	0	0
110	SUITE A REMODEL	5/30/19	0	0	0	0	0	0
111	NEW ROOF	5/17/19	0	0	0	0	0	0
112	VIDEOCONFERENCING SYSTEMS FOR	10/21/20	0	0	0	0	0	0
113	TRAINING TABLE	11/26/20	0	0	0	0	0	0
114	GAS FURNACE SYSTEM INDOOR/OUT	5/06/21	0	0	0	0	0	0
115	OFFICE RENOVATION	12/22/22	0	0	0	0	0	0
116	OFFICE RENOVATION FURNITURE AN	12/22/22	0	0	0	0	0	0
117	COMMUNITY ROOM RENOVATION	12/22/22	0	0	0	0	0	0
118	COMMUNITY ROOM FURNITURE AND	12/22/22	0	0	0	0	0	0
119	COMMON AREA RENOVATION	12/22/22	0	0	0	0	0	0
120	COMMON AREA RENOVATION FURNIT	12/22/22	0	0	0	0	0	0
121	DUPLEX CONTROL BOX AND SUMP P	5/19/23	0	0	0	0	0	0
123	RECEPTION DESK	8/31/23	0	0	0	0	0	0
Total Other Depreciation			<u>2,513,203</u>	<u>2,513,203</u>	<u>1,009,107</u>	<u>47,394</u>	<u>47,394</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>2,513,203</u>	<u>2,513,203</u>	<u>1,009,107</u>	<u>47,394</u>	<u>47,394</u>	<u>0</u>
Grand Totals			2,513,203	2,513,203	1,009,107	47,394	47,394	0
Less: Dispositions			0	0	0	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>2,513,203</u>	<u>2,513,203</u>	<u>1,009,107</u>	<u>47,394</u>	<u>47,394</u>	<u>0</u>

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Depreciation Adjustment Report

All Business Activities

There are no assets that meet the criteria of this report

Asset	Description	Date In Service	Cost	Tax	AMT
Other Depreciation:					
15	LAND - 611 OAK ST	3/26/01	94,292	0	0
16	LAND - 615 OAK ST	3/26/01	142,046	0	0
17	BUILDING - 615 A-E OAK ST PURCHASE	3/26/01	486,905	12,173	0
18	615 F OAK ST IMPROVEMENTS	12/14/01	559,877	13,997	0
24	GRADING - 615 OAK ST	12/14/01	3,770	0	0
25	LANDSCAPING - 615 OAK ST	12/14/01	21,372	0	0
27	DEMOLITION - 615 OAK ST	12/14/01	6,500	0	0
28	BUILDING - 615 F OAK ST PURCHASE	3/26/01	103,999	2,600	0
29	615 A-E OAK ST IMPROVEMENTS	12/14/01	26,695	668	0
50	LAND - LAKE RABUN PAVILION	8/10/05	331,352	0	0
51	PAVILION - LAKE RABUN	12/01/06	700,964	17,524	0
58	BURGLAR AND FIRE ALARM SYSTEM	2/13/08	1,456	36	0
64	UPPER PARKING LOT DRAINAGE PROJECT	10/27/08	9,325	0	0
65	PATH TO OVERFLOW PARKING LOT PROJECT	10/09/08	8,800	0	0
66	PRESSURE GROUTING/FLOOR LEVELING PROJECT	12/08/08	15,850	396	0
73	CARRIER 2 TON HEAT PUMP - SUITE A	3/01/13	0	0	0
74	CARRIER 3 TON HEAT PUMP - SUITE C	3/01/13	0	0	0
76	CARRIER 3 TON A/C UNIT - SUITE 700	10/08/13	0	0	0
77	LANDSCAPING PRIVACY SCREEN	11/11/13	0	0	0
83	WATER HEATER - SUITE C	9/30/15	0	0	0
84	CARRIER 2 TON AIR HANDLING UNIT - SUITE 700	5/26/15	0	0	0
87	75" SAMSUNG LED FLAT SCREEN SMART TV	12/08/15	0	0	0
88	55" SAMSUNG LED FLAT SCREEN SMART TV	12/08/15	0	0	0
89	55" SAMSUNG LED FLAT SCREEN SMART TV	12/08/15	0	0	0
95	2017 RENOVATION PROJECT	12/04/17	0	0	0
96	PARKING LOT PAVING	12/04/17	0	0	0
97	WHIRLPOOL FRENCH DOOR REFRIGERATOR	12/04/17	0	0	0
98	BROWN SOFA	1/18/17	0	0	0
99	55" SAMSUNG SMART TV	10/03/17	0	0	0
101	CLEARVIEW CAMERA SYSTEM WITH 8 CAMERAS	12/12/17	0	0	0
102	3 TON 14 SEER BRYANT HEAT PUMP SYSTEM	2/05/18	0	0	0
103	CARDIAC SCIENCE G3 DIFIB. WITH BATTERIES	4/10/18	0	0	0
104	PAXTON ACCESS CONTROL AND PANIC STOP	10/31/18	0	0	0
105	DUMPSTER PRIVACY FENCE	11/30/18	0	0	0
106	CONCRETE DRIVEWAY IMPROVEMENTS	11/30/18	0	0	0
107	Website Design	4/01/18	0	0	0
108	DELL POWEREDGE SERVER	5/30/19	0	0	0
109	BRYANT 3 1/2 TON AC SYSTEM	7/26/19	0	0	0
110	SUITE A REMODEL	5/30/19	0	0	0
111	NEW ROOF	5/17/19	0	0	0
112	VIDEOCONFERENCING SYSTEMS FOR FOCUS	10/21/20	0	0	0
113	TRAINING TABLE	11/26/20	0	0	0
114	GAS FURNACE SYSTEM INDOOR/OUTDOOR	5/06/21	0	0	0
115	OFFICE RENOVATION	12/22/22	0	0	0
116	OFFICE RENOVATION FURNITURE AND FIXTURES	12/22/22	0	0	0
117	COMMUNITY ROOM RENOVATION	12/22/22	0	0	0
118	COMMUNITY ROOM FURNITURE AND FIXTURES	12/22/22	0	0	0
119	COMMON AREA RENOVATION	12/22/22	0	0	0
120	COMMON AREA RENOVATION FURNITURE AND FIXTURES	12/22/22	0	0	0
121	DUPLEX CONTROL BOX AND SUMP PUMP	5/19/23	0	0	0
123	RECEPTION DESK	8/31/23	0	0	0
Total Other Depreciation			<u>2,513,203</u>	<u>47,394</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>2,513,203</u>	<u>47,394</u>	<u>0</u>
Grand Totals			<u>2,513,203</u>	<u>47,394</u>	<u>0</u>

Asset	Description	Date In Service	Cost	GA
Other Depreciation:				
15	LAND - 611 OAK ST	3/26/01	94,292	0
16	LAND - 615 OAK ST	3/26/01	142,046	0
17	BUILDING - 615 A-E OAK ST PURCHASE	3/26/01	486,905	12,173
18	615 F OAK ST IMPROVEMENTS	12/14/01	559,877	13,997
24	GRADING - 615 OAK ST	12/14/01	3,770	0
25	LANDSCAPING - 615 OAK ST	12/14/01	21,372	0
27	DEMOLITION - 615 OAK ST	12/14/01	6,500	0
28	BUILDING - 615 F OAK ST PURCHASE	3/26/01	103,999	2,600
29	615 A-E OAK ST IMPROVEMENTS	12/14/01	26,695	668
50	LAND - LAKE RABUN PAVILION	8/10/05	331,352	0
51	PAVILION - LAKE RABUN	12/01/06	700,964	17,524
58	BURGLAR AND FIRE ALARM SYSTEM	2/13/08	1,456	36
64	UPPER PARKING LOT DRAINAGE PROJECT	10/27/08	9,325	0
65	PATH TO OVERFLOW PARKING LOT PROJECT	10/09/08	8,800	0
66	PRESSURE GROUTING/FLOOR LEVELING PROJECT	12/08/08	15,850	396
73	CARRIER 2 TON HEAT PUMP - SUITE A	3/01/13	0	0
74	CARRIER 3 TON HEAT PUMP - SUITE C	3/01/13	0	0
76	CARRIER 3 TON A/C UNIT - SUITE 700	10/08/13	0	0
77	LANDSCAPING PRIVACY SCREEN	11/11/13	0	0
83	WATER HEATER - SUITE C	9/30/15	0	0
84	CARRIER 2 TON AIR HANDLING UNIT - SUITE 700	5/26/15	0	0
87	75" SAMSUNG LED FLAT SCREEN SMART TV	12/08/15	0	0
88	55" SAMSUNG LED FLAT SCREEN SMART TV	12/08/15	0	0
89	55" SAMSUNG LED FLAT SCREEN SMART TV	12/08/15	0	0
95	2017 RENOVATION PROJECT	12/04/17	0	0
96	PARKING LOT PAVING	12/04/17	0	0
97	WHIRLPOOL FRENCH DOOR REFRIGERATOR	12/04/17	0	0
98	BROWN SOFA	1/18/17	0	0
99	55" SAMSUNG SMART TV	10/03/17	0	0
101	CLEARVIEW CAMERA SYSTEM WITH 8 CAMERAS	12/12/17	0	0
102	3 TON 14 SEER BRYANT HEAT PUMP SYSTEM	2/05/18	0	0
103	CARDIAC SCIENCE G3 DIFIB. WITH BATTERIES	4/10/18	0	0
104	PAXTON ACCESS CONTROL AND PANIC STOP	10/31/18	0	0
105	DUMPSTER PRIVACY FENCE	11/30/18	0	0
106	CONCRETE DRIVEWAY IMPROVEMENTS	11/30/18	0	0
107	Website Design	4/01/18	0	0
108	DELL POWEREDGE SERVER	5/30/19	0	0
109	BRYANT 3 1/2 TON AC SYSTEM	7/26/19	0	0
110	SUITE A REMODEL	5/30/19	0	0
111	NEW ROOF	5/17/19	0	0
112	VIDEOCONFERENCING SYSTEMS FOR BOARDROOM	10/21/20	0	0
113	TRAINING TABLE	11/26/20	0	0
114	GAS FURNACE SYSTEM INDOOR/OUTDOOR	5/06/21	0	0
115	OFFICE RENOVATION	12/22/22	0	0
116	OFFICE RENOVATION FURNITURE AND FIXTURES	12/22/22	0	0
117	COMMUNITY ROOM RENOVATION	12/22/22	0	0
118	COMMUNITY ROOM FURNITURE AND FIXTURES	12/22/22	0	0
119	COMMON AREA RENOVATION	12/22/22	0	0
120	COMMON AREA RENOVATION FURNITURE AND FIXTURES	12/22/22	0	0
121	DUPLEX CONTROL BOX AND SUMP PUMP	5/19/23	0	0
123	RECEPTION DESK	8/31/23	0	0
Total Other Depreciation			<u>2,513,203</u>	<u>47,394</u>
Total ACRS and Other Depreciation			<u>2,513,203</u>	<u>47,394</u>
Grand Totals			<u>2,513,203</u>	<u>47,394</u>

Form 990	Event Income and Deduction Worksheet Description DANCING FOR A CAUSE	2024
Name NORTH GEORGIA COMMUNITY FOUNDATION,		Taxpayer Identification Number 58-1610318

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

Income & Expense Summary:

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

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

Schedule A, UBIT Activity Code	Seq #	_____
<input type="checkbox"/>	Part V, Debt Financing	_____
<input type="checkbox"/>	Part VI, Controlled Org Income	_____
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)	_____
<input type="checkbox"/>	Part VIII, Exploited Activities	_____
<input type="checkbox"/>	Part IX, Advertising Income	_____

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet Description FORSYTH COUNTY EDUC FOUND	2024
Name NORTH GEORGIA COMMUNITY FOUNDATION,		Taxpayer Identification Number 58-1610318

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

Income & Expense Summary:

1. Gross receipts or sales	1.	79,737
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	79,737
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	24,421
15. Total expenses. Add lines 8 through 14	15.	24,421
16. Net Income/Loss. Line 7 minus Line 15	16.	55,316

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	24,421
Total Fundraising Expense	24,421

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

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

Schedule A, UBIT Activity Code _____ Seq # _____

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

Form 990	Event Income and Deduction Worksheet Description FRIENDS OF THE GA MOUNTAINS	2024
Name NORTH GEORGIA COMMUNITY FOUNDATION,		Taxpayer Identification Number 58-1610318

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

Income & Expense Summary:

1. Gross receipts or sales	1.	19,670
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	19,670
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	36,018
15. Total expenses. Add lines 8 through 14	15.	36,018
16. Net Income/Loss. Line 7 minus Line 15	16.	-16,348

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	36,018
Total Fundraising Expense	36,018

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

Schedule A, UBIT Activity Code _____ Seq # _____

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

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Event Income and Deduction Worksheet Description ADMINISTRATIVE FEES	2024
Name NORTH GEORGIA COMMUNITY FOUNDATION,		Taxpayer Identification Number 58-1610318

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

Income & Expense Summary:

1. Gross receipts or sales	1.	22,248
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	22,248
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	
16. Net Income/Loss. Line 7 minus Line 15	16.	22,248

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Information is indicated for use on Form 990-T, Schedule A:Schedule A, UBIT Activity Code **561000** Seq # **1**

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

Form 990	Event Income and Deduction Worksheet Description JACKSON CTY PARAMEDIC RELIE	2024
Name NORTH GEORGIA COMMUNITY FOUNDATION,		Taxpayer Identification Number 58-1610318

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

Income & Expense Summary:

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

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

Schedule A, UBIT Activity Code	Seq #	
<input type="checkbox"/>	Part V, Debt Financing	
<input type="checkbox"/>	Part VI, Controlled Org Income	
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)	
<input type="checkbox"/>	Part VIII, Exploited Activities	
<input type="checkbox"/>	Part IX, Advertising Income	

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Event Income and Deduction Worksheet Description MISCELLANEOUS	2024
Name NORTH GEORGIA COMMUNITY FOUNDATION,		Taxpayer Identification Number 58-1610318

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

Income & Expense Summary:

1. Gross receipts or sales	1.	107,321
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	9,767
7. Total revenue. Add lines 1 through 6	7.	117,088
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	24,603
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	24,603
16. Net Income/Loss. Line 7 minus Line 15	16.	92,485

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

Schedule A, UBIT Activity Code	Seq #
<input type="checkbox"/> Part V, Debt Financing	
<input type="checkbox"/> Part VI, Controlled Org Income	
<input type="checkbox"/> Part VII, Investments for C(7)(9)(17)	
<input type="checkbox"/> Part VIII, Exploited Activities	
<input type="checkbox"/> Part IX, Advertising Income	

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	24,603
Total Exempt Activity Expense	24,603

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Event Income and Deduction Worksheet Description REGION 2 RTAC EDUC FUND	2024
Name NORTH GEORGIA COMMUNITY FOUNDATION,		Taxpayer Identification Number 58-1610318

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

Income & Expense Summary:

1. Gross receipts or sales	1.	123,990
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	123,990
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	55,238
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	55,238
16. Net Income/Loss. Line 7 minus Line 15	16.	68,752

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

Schedule A, UBIT Activity Code _____ Seq # _____

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

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	55,238
Total Exempt Activity Expense	55,238

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Event Income and Deduction Worksheet Description LAKEVIEW ATHLETIC FUND	2024
Name NORTH GEORGIA COMMUNITY FOUNDATION,		Taxpayer Identification Number 58-1610318

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

Income & Expense Summary:

1. Gross receipts or sales	1.	49,610
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	49,610
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	24,165
15. Total expenses. Add lines 8 through 14	15.	24,165
16. Net Income/Loss. Line 7 minus Line 15	16.	25,445

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	24,165
Total Fundraising Expense	24,165

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

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

Schedule A, UBIT Activity Code _____ Seq # _____

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

Form 990	Event Income and Deduction Worksheet Description MIDLAND MUSIC FESTIVAL	2024
Name NORTH GEORGIA COMMUNITY FOUNDATION,		Taxpayer Identification Number 58-1610318

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

Income & Expense Summary:

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

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

Schedule A, UBIT Activity Code	Seq #	
<input type="checkbox"/>		Part V, Debt Financing
<input type="checkbox"/>		Part VI, Controlled Org Income
<input type="checkbox"/>		Part VII, Investments for C(7)(9)(17)
<input type="checkbox"/>		Part VIII, Exploited Activities
<input type="checkbox"/>		Part IX, Advertising Income

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet Description WE CARE FUND	2024
Name NORTH GEORGIA COMMUNITY FOUNDATION,		Taxpayer Identification Number 58-1610318

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

Income & Expense Summary:

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

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

Schedule A, UBIT Activity Code _____ Seq # _____

- | | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Part V, Debt Financing |
| <input type="checkbox"/> | Part VI, Controlled Org Income |
| <input type="checkbox"/> | Part VII, Investments for C(7)(9)(17) |
| <input type="checkbox"/> | Part VIII, Exploited Activities |
| <input type="checkbox"/> | Part IX, Advertising Income |

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet Description BLAINE DIXON FALLEN HEROS	2024
Name NORTH GEORGIA COMMUNITY FOUNDATION,		Taxpayer Identification Number 58-1610318

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

Income & Expense Summary:

1. Gross receipts or sales	1.	27,247
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	27,247
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	31,107
15. Total expenses. Add lines 8 through 14	15.	31,107
16. Net Income/Loss. Line 7 minus Line 15	16.	-3,860

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	31,107
Total Fundraising Expense	31,107

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

Schedule A, UBIT Activity Code _____ Seq # _____

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

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Event Income and Deduction Worksheet Description LAKE RABUN FUND	2024
Name NORTH GEORGIA COMMUNITY FOUNDATION,		Taxpayer Identification Number 58-1610318

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

Income & Expense Summary:

1. Gross receipts or sales	1.	50,800
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	50,800
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	
16. Net Income/Loss. Line 7 minus Line 15	16.	50,800

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

Schedule A, UBIT Activity Code _____ Seq # _____

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

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Event Income and Deduction Worksheet Description VISION 2030 PUB ART FUND	2024
Name NORTH GEORGIA COMMUNITY FOUNDATION,		Taxpayer Identification Number 58-1610318

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

Income & Expense Summary:

1. Gross receipts or sales	1.	39,083
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	39,083
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	70,776
15. Total expenses. Add lines 8 through 14	15.	70,776
16. Net Income/Loss. Line 7 minus Line 15	16.	-31,693

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	70,776
Total Fundraising Expense	70,776

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

Schedule A, UBIT Activity Code _____ Seq # _____

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

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form **990****Event Income and Deduction Worksheet****2024**Description **GHS - TOMMY AARON DINNER**

Name

NORTH GEORGIA COMMUNITY FOUNDATION,

Taxpayer Identification Number

58-1610318

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

Income & Expense Summary:

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

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

Schedule A, UBIT Activity Code _____ Seq # _____

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

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

First _____
 Second _____
 Third _____
 All other _____

Form 990	Event Income and Deduction Worksheet Description FCCF - BENEFIT DINNER	2024
Name NORTH GEORGIA COMMUNITY FOUNDATION,		Taxpayer Identification Number 58-1610318

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

Income & Expense Summary:

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

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

Schedule A, UBIT Activity Code	Seq #	
<input type="checkbox"/>		Part V, Debt Financing
<input type="checkbox"/>		Part VI, Controlled Org Income
<input type="checkbox"/>		Part VII, Investments for C(7)(9)(17)
<input type="checkbox"/>		Part VIII, Exploited Activities
<input type="checkbox"/>		Part IX, Advertising Income

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet Description PBW JOY OF HOPE FUND	2024
Name NORTH GEORGIA COMMUNITY FOUNDATION,		Taxpayer Identification Number 58-1610318

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

Income & Expense Summary:

1. Gross receipts or sales	1.	7,805
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	7,805
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	24,144
15. Total expenses. Add lines 8 through 14	15.	24,144
16. Net Income/Loss. Line 7 minus Line 15	16.	-16,339

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	24,144
Total Fundraising Expense	24,144

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

Schedule A, UBIT Activity Code _____ Seq # _____

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

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Event Income and Deduction Worksheet Description UNITED FORSYTH ORCHESTRA FU	2024
Name NORTH GEORGIA COMMUNITY FOUNDATION,		Taxpayer Identification Number 58-1610318

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

Income & Expense Summary:

1. Gross receipts or sales	1.	8,129
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	8,129
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	4,485
15. Total expenses. Add lines 8 through 14	15.	4,485
16. Net Income/Loss. Line 7 minus Line 15	16.	3,644

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	4,485
Total Fundraising Expense	4,485

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

Schedule A, UBIT Activity Code _____ Seq # _____

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

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

**NORTH GEORGIA COMMUNITY FOUNDATION,
INC.**

58-1610318 FORM 990-T ESTIMATES

Form **990-W**
(Worksheet)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2024

1	Unrelated business taxable income expected in the tax year	1	17,051
2	Tax on the amount on line 1. See instructions for tax computation	2	3,581
3	Alternative minimum tax for trusts. See instructions	3	
4	Total. Add lines 2 and 3	4	3,581
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	3,581
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	3,581
9	Credit for federal tax paid on fuels. See instructions	9	
10a	Subtract line 9 from line 8. Note: If less than \$500, the organization is not required to make estimated tax payments. Private foundations, see instructions	10a	3,581
b	Enter the tax shown on the 2023 return. See instructions. Caution: If zero or the tax year was for less than 12 months, skip this line and enter the amount from line 10a on line 10c	10b	3,581
c	2024 Estimated Tax. Enter the smaller of line 10a or line 10b. If the organization is required to skip line 10b, enter the amount from line 10a on line 10c	10c	3,581

		(a)	(b)	(c)	(d)	
11	Installment due dates. See instructions	11	04/15/25	06/16/25	09/15/25	12/15/25
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large organization."	12		1,791	895	895
13	2023 Overpayment. See instructions	13				
14	Payment due (Subtract line 13 from line 12)	14		1,791	895	895

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2022)

Form 990-T	Business Income Activity Summary	2024
Name NORTH GEORGIA COMMUNITY FOUNDATION,		Taxpayer Identification Number 58-1610318

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

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

Unrelated Business Income Activity with Income		Code	Net Income	Allocated Pre2018 NOL
1.	UNRELATED BUSINESS ACTIVITY	561000	1. 18,051	
2.			2.	
3.			3.	
4.			4.	
5.			5.	
6.			6.	
7.			7.	
8.			8.	
9.			9.	
10.			10.	
11.			11.	
12.			12.	
13.			13.	
14.			14.	
15.	All other revenue		15.	
16.	Total taxable income		16. 18,051	

Business Activity Losses

Unrelated Business Income Activity with Losses	Code	Current Year Loss
1.		1.
2.		2.
3.		3.
4.		4.
5. All other activities		5.
6. Totals		6.

SCHEDULE G (Form 990 or 990-EZ)		Fundraising Other Events			2024
		For calendar year 2024, or tax year beginning , and ending			
Name NORTH GEORGIA COMMUNITY FOUNDATION, INC.					Employer Identification Number 58-1610318
Revenue		(a) Other event <u>LAKE RABUN FUND</u> (event type)	(b) Other event <u>LAKEVIEW ATHLET</u> (event type)	(c) Other event <u>VISION 2030 PUB</u> (event type)	(d) Total other events (add col. (a) through col. (c))
	1 Gross receipts	50,800	49,610	39,083	202,344
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	50,800	49,610	39,083	202,344
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses		24,165	70,776	190,695

SCHEDULE G (Form 990 or 990-EZ)		Fundraising Other Events			2024
		For calendar year 2024, or tax year beginning , and ending			
Name NORTH GEORGIA COMMUNITY FOUNDATION, INC.					Employer Identification Number 58-1610318
Revenue		(a) Other event <u>BLAINE DIXON FA</u> (event type)	(b) Other event <u>FRIENDS OF THE</u> (event type)	(c) Other event <u>UNITED FORSYTH</u> (event type)	(d) Total other events (add col. (a) through col. (c))
	1 Gross receipts	27,247	19,670	8,129	
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	27,247	19,670	8,129	
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	31,107	36,018	4,485	

SCHEDULE G (Form 990 or 990-EZ)		Fundraising Other Events			2024
		For calendar year 2024, or tax year beginning , and ending			
Name NORTH GEORGIA COMMUNITY FOUNDATION, INC.					Employer Identification Number 58-1610318
Revenue		(a) Other event PBW JOY OF HOPE (event type)	(b) Other event (event type)	(c) Other event (event type)	(d) Total other events (add col. (a) through col. (c))
	1 Gross receipts	7,805			
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	7,805			
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	24,144			

Form 990		Two Year Comparison Report		2023 & 2024	
Name		For calendar year 2024, or tax year beginning		, ending	
Taxpayer Identification Number					
NORTH GEORGIA COMMUNITY FOUNDATION, INC.				58-1610318	
Revenue			2023	2024	Differences
	1. Contributions, gifts, grants	1.	14,494,843	14,453,612	-41,231
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.	501,569	494,046	-7,523
	5. Investment income	5.	4,252,085	6,895,036	2,642,951
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	988,610	3,705,981	2,717,371
	8. Net income or (loss) from fundraising events	8.	147,646	218,435	70,789
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
12. Total revenue. Add lines 1 through 11	12.	20,384,753	25,767,110	5,382,357	
Expenses	13. Grants and similar amounts paid	13.	13,439,177	21,542,168	8,102,991
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	228,159	248,070	19,911
	16. Salaries, other compensation, and employee benefits	16.	884,339	912,974	28,635
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	103,546	108,531	4,985
	19. Occupancy, rent, utilities, and maintenance	19.	233,287	257,424	24,137
	20. Depreciation and Depletion	20.	85,889	152,972	67,083
	21. Other expenses	21.	679,695	918,244	238,549
	22. Total expenses. Add lines 13 through 21	22.	15,654,092	24,140,383	8,486,291
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	4,730,661	1,626,727	-3,103,934
Other Information	24. Total exempt revenue	24.	20,384,753	25,767,110	5,382,357
	25. Total unrelated revenue	25.	17,775	22,248	4,473
	26. Total excludable revenue	26.	5,872,135	11,291,250	5,419,115
	27. Total assets	27.	122,001,601	126,048,419	4,046,818
	28. Total liabilities	28.	4,969,552	4,693,513	-276,039
	29. Retained earnings	29.	117,032,049	121,354,906	4,322,857
	30. Number of voting members of governing body	30.	26	26	
	31. Number of independent voting members of governing body	31.	26	26	
32. Number of employees	32.	10	10		
33. Number of volunteers	33.	27	27		

Form 990T	Two Year Comparison Report For calendar year 2024, or tax year beginning _____, ending _____	2023 & 2024
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Name NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Taxpayer Identification Number 58-1610318
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			2023	2024	Differences
Business Taxable Income	1. Number of unrelated business activities for this return	1.	1	1	
	2. Unrelated business taxable income from all trades	2.	13,761	18,051	4,290
	3. Charitable contributions	3.			
	4. Section 199A deduction (trusts only)	4.			
	5. Taxable income before NOL loss	5.	13,761	18,051	4,290
	6. Net operating loss (pre-2018)	6.			
	7. Specific deduction	7.	1,000	1,000	
	8. Unrelated business taxable income.	8.	12,761	17,051	4,290
Tax & Credits	9. Income tax (corporate or trust)	9.	2,680	3,581	901
	10. Proxy tax	10.			
	11. Other taxes	11.			
	12. Total taxes	12.	2,680	3,581	901
	13. Other credits	13.			
	14. General business credit	14.			
	15. Credit for prior year minimum tax	15.			
	16. Total credits	16.			
	17. Net tax after credits	17.	2,680	3,581	901
	18. Recapture taxes and 965 tax	18.			
	19. Total Taxes	19.	2,680	3,581	901
Due/Refund	20. Prior year overpayment and estimated tax payments	20.	9,915	2,680	-7,235
	21. Payment made with extension	21.			
	22. Backup withholding and foreign withholding	22.			
	23. Other payments	23.			
	24. Total payments	24.	9,915	2,680	-7,235
	25. Balance due/(Overpayment)	25.	-7,235	901	8,136
	26. Overpayment applied to next year	26.	2,680		-2,680
	27. Penalties	27.			
	28. Total due/(Refund)	28.	-4,555	901	5,456
	29. Activity Losses NOL (Post-2017)	29.			

Form SchA (990T)	Two Year Comparison for Unrelated Business Activity For calendar year 2024, or tax year beginning _____, ending _____	2023 & 2024
Organization Name NORTH GEORGIA COMMUNITY FOUNDATION,		Taxpayer Identification Number 58-1610318

Activity: UNRELATED BUSINESS ACTIVITY			Unincorporated Business Income Tax Code: 561000		
			2023	2024	Differences
Revenue	1. Gross profit/loss on business activities	1.	17,775	22,248	4,473
	2. Capital gains/losses	2.			
	3. Income/loss from partnerships and S corporations	3.			
	4. Rental income (net of expense)	4.			
	5. Unrelated debt-financed income (net of expense)	5.			
	6. Interest, and other income from controlled organizations (net of expense)	6.			
	7. Investment income of specific organizations (net of expense)	7.			
	8. Exploited exempt activity income (net of expense)	8.			
	9. Advertising income (net of expense)	9.			
	10. Other income	10.			
	11. Total trade or business income. Combine lines 1 through 10	11.	17,775	22,248	4,473
Expenses	12. Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.	2,412	2,509	97
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.	185	192	7
	18. Depreciation and Depletion	18.			
	19. Contributions to deferred compensation plans	19.			
	20. Employee benefit programs	20.	145	151	6
	21. Other deductions	21.	1,272	1,345	73
	22. Total deductions. Add lines 12 through 22	22.	4,014	4,197	183
	23. Taxable income before deductions. Subtract line 23 from 11	23.	13,761	18,051	4,290
	24. Deductible losses	24.			
	25. Unrelated business taxable income (loss)	25.	13,761	18,051	4,290

Form 990	Tax Return History	2024
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Name	NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Employer Identification Number 58-1610318
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	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants	24,584,752	20,306,402	17,941,942	14,494,843	14,453,612	
Membership dues						
Program service revenue	691,121	694,055	608,244	501,569	494,046	
Capital gain or loss	2,332,692	2,623,510	472,858	988,610	3,705,981	
Investment income	2,101,247	5,588,423	2,583,329	4,252,085	6,895,036	
Fundraising revenue (income/loss) ..	-20,960	74,812	128,816	147,646	218,435	
Gaming revenue (income/loss)						
Other revenue						
Total revenue	29,688,852	29,287,202	21,735,189	20,384,753	25,767,110	
Grants and similar amounts paid	11,698,837	16,477,760	11,544,830	13,439,177	21,542,168	
Benefits paid to or for members						
Compensation of officers, etc.	158,124	180,212	215,319	228,159	248,070	
Other compensation	685,469	705,273	841,028	884,339	912,974	
Professional fees	44,843	62,335	49,145	103,546	108,531	
Occupancy costs	102,889	154,073	161,122	233,287	257,424	
Depreciation and depletion	73,548	72,788	73,269	85,889	152,972	
Other expenses	507,363	499,893	522,983	679,695	918,244	
Total expenses	13,271,073	18,152,334	13,407,696	15,654,092	24,140,383	
Excess or (Deficit)	16,417,779	11,134,868	8,327,493	4,730,661	1,626,727	
Total exempt revenue	29,688,852	29,287,202	21,735,189	20,384,753	25,767,110	
Total unrelated revenue	285,733	292,459	239,147	17,775	22,248	
Total excludable revenue	4,820,095	8,616,707	3,416,618	5,872,135	11,291,250	
Total Assets	106,802,389	121,312,465	106,866,039	122,001,601	126,048,419	
Total Liabilities	5,027,036	3,781,625	5,104,861	4,969,552	4,693,513	
Net Fund Balances	101,775,353	117,530,840	101,761,178	117,032,049	121,354,906	

Form 990T	Tax Return History	2024
Name	NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Employer Identification Number 58-1610318

	2020	2021	2022	2023	2024	2025
UBTI from all trades	185,306	189,847	110,989	13,761	18,051	
Charitable contributions						
Net operating loss deduction						
Specific deduction	1,000	1,000	1,000	1,000	1,000	
Section 199A deduction (trusts)						
Income after deductions	184,306	188,847	109,989	12,761	17,051	
Income tax (corporate or trust)	38,704	39,658	23,098	2,680	3,581	
Other taxes						
Total taxes	38,704	39,658	23,098	2,680	3,581	
General business credit						
Other credits						
Net tax after credits	38,704	39,658	23,098	2,680	3,581	
Estimated tax payments	41,529	38,704	29,744	9,915	2,680	
Other payments		2,000				
Balance due /-Overpayment	-2,825	-1,046	-6,646	-7,235	901	

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
SPLIT INTEREST AGREEMENT						
\$ -74,880			14			
INVESTMENT INCOME ON AGENCY E						
			14			
FEES ON AGENCY FUNDS						
			14			
INVESTMENT REVENUE						
	6,969,916		14			
TOTAL	\$ 6,895,036					

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER	\$ 25,663	\$ 22,991	\$ 1,671	\$ 1,001
TOTAL	\$ 25,663	\$ 22,991	\$ 1,671	\$ 1,001

Schedule A, Part II, Line 1(e)

Description	Amount
UNITED WAY CONTRIBUTIONS	\$ 8,817,093
NON CASH SECURITIES	49,384
MISCELLANEOUS	5,577,368
CASH CONTRIBUTION	9,767
TOTAL	\$ 14,453,612

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
SPLIT INTEREST AGREEMENT	\$ -74,880
INVESTMENT INCOME ON AGENCY E	
FEEES ON AGENCY FUNDS	
INVESTMENT REVENUE	6,969,916
TOTAL	\$ 6,895,036

Schedule A, Part II, Line 9(e)

Description	Amount
FORSYTH COUNTY EDUC FOUND	\$ 55,316
FRIENDS OF THE GA MOUNTAINS	-16,348
ADMINISTRATIVE FEES	22,248
JACKSON CTY PARAMEDIC RELIE	
MISCELLANEOUS	82,718
REGION 2 RTAC EDUC FUND	68,752
LAKEVIEW ATHLETIC FUND	25,445
MIDLAND MUSIC FESTIVAL	
WE CARE FUND	
BLAINE DIXON FALLEN HEROS	-3,860
LAKE RABUN FUND	50,800
VISION 2030 PUB ART FUND	-31,693
GHS - TOMMY AARON DINNER	
FCCF - BENEFIT DINNER	
PBW JOY OF HOPE FUND	-16,339
UNITED FORSYTH ORCHESTRA FU	3,644
LESS: DEDUCTIONS	-5,197
TOTAL	\$ 235,486

Schedule A, Part II, Line 10(e)

Description	Amount
DANCING FOR A CAUSE	\$
TOTAL	\$ 0

Schedule A, Part II, Line 12 - Current year

Description	Amount
OTHER	\$ 50,726
OFFICE RENTAL TO NON PROFITS	151,788
FOUNDATION FEES - OTHER	269,284
OFFICE RENTAL	
TOTAL	\$ 471,798

Forsyth County Educ Found

Other Direct Fundraising or Gaming Expenses

Description	Amount
FORSYTH 5K CHALLENGE	\$ 24,421
TOTAL	\$ 24,421

FRIENDS OF THE GA MOUNTAINS

Other Direct Fundraising or Gaming Expenses

Description	Amount
FRIENDS OF GA MTNS	\$ 36,018
TOTAL	\$ 36,018

MISCELLANEOUS

Other Direct Fundraising or Gaming Expenses

Description	Amount
TOTAL UNDER 5,000	\$
TOTAL	\$ 0

REGION 2 RTAC EDUC FUND

Other Direct Fundraising or Gaming Expenses

Description	Amount
REGION 2 RTAC EDUC FUND	\$
TOTAL	\$ 0

LAKEVIEW ATHLETIC FUND

Other Direct Fundraising or Gaming Expenses

Description	Amount
LAKEVIEW GOLF	\$ 24,165
TOTAL	\$ 24,165

MIDLAND MUSIC FESTIVAL

Other Direct Fundraising or Gaming Expenses

Description	Amount
MIDLAND	\$
TOTAL	\$ 0

WE CARE FUND

Other Direct Fundraising or Gaming Expenses

Description	Amount
AMPED KIDS FOUNDATION	\$
TOTAL	\$ 0

VISION 2030 PUB ART FUND

Other Direct Fundraising or Gaming Expenses

Description	Amount
VISION 2030	\$ 70,776
TOTAL	\$ 70,776

PBW JOY OF HOPE FUND

Other Direct Fundraising or Gaming Expenses

Description	Amount
GOLF TOURNAMENT	\$ 24,144
TOTAL	\$ 24,144

Federal Statements

Cash - EOY

<u>Description</u>	<u>Amount</u>
CASH	\$ 3,213,527
CASH HELD IN TRUST	134,183
TOTAL	<u>\$ 3,347,710</u>

Accounts receivable - EOY

<u>Description</u>	<u>Amount</u>
OTHER REC	\$
FEES RECEIVABLE	393,228
TOTAL	<u>\$ 393,228</u>

Accounts payable - EOY

<u>Description</u>	<u>Amount</u>
ACCOUNTS PAYABLE	\$ 23,071
TOTAL	<u>\$ 23,071</u>

Revenue-net unrealized gains

<u>Description</u>	<u>Amount</u>
BOOK UNREALIZED GAIN	\$ 2,696,130
TOTAL	<u>\$ 2,696,130</u>

In - Kind Donations

<u>Description</u>	<u>Amount</u>
RENT	\$ 21,819
SERVICES	1,775
TOTAL	<u>\$ 23,594</u>

Expenses-donated services

<u>Description</u>	<u>Amount</u>
IN KIND RENT	\$ 21,819
IN KIND SERVICES	1,775
TOTAL	<u>\$ 23,594</u>

Forsyth County Educ Found

<u>Gross receipts</u>	
Description	Amount
FORSYTH 5K CHALLENGE	\$ 79,737
TOTAL	\$ 79,737

FRIENDS OF THE GA MOUNTAINS

<u>Gross receipts</u>	
Description	Amount
FRIENDS OF THE GA MTNS	\$ 19,670
TOTAL	\$ 19,670

Administrative fees

Description		<u>Gross receipts</u>	
		Amount	
ADMINISTRATIVE FEES - ATHENS		\$	<u>22,248</u>
TOTAL		\$	<u><u>22,248</u></u>

MISCELLANEOUS

Description	<u>Gross receipts</u>
	Amount
TOTAL UNDER \$5,000	\$ 107,321
TOTAL	\$ 107,321

LAKEVIEW ATHLETIC FUND

<u>Gross receipts</u>	
Description	Amount
REVENUE	\$ 49,610
TOTAL	\$ 49,610

VISION 2030 PUB ART FUND

<u>Gross receipts</u>	
Description	Amount
BLOCK PARTY	\$ 39,083
TOTAL	\$ 39,083

PBW JOY OF HOPE FUND

<u>Gross receipts</u>	
Description	Amount
GOLF TOURNAMENT	\$ 7,805
TOTAL	\$ 7,805

UNITED FORSYTH ORCHESTRA FU

<u>Gross receipts</u>	
Description	Amount
FORSYTH COUNTY SCHOOL EVENTS	\$ 8,129
TOTAL	\$ 8,129

Georgia Return Summary

For calendar year 2024, or tax year beginning , and ending

NORTH GEORGIA COMMUNITY FOUNDATION,
INC.

Annual Reporting Information

Federal employer identification number 58-1610318
Annual Reporting, Federal 990 X
Annual Reporting, Federal 990PF X
Georgia 600-T, Unrelated Business Income X
Return due date/ Extended due date 11/17/25
Amended (GA 600-T)

Charitable Registration Information

Georgia registration number
Initial Application
Renewal
Reinstatement
Amended (C100)
C100 Registration Fee

Income

Georgia taxable income (unrelated business income) 17,051

Tax

Tax on taxable income 919

Credits and Payments

Payments and Credits 835
Withholding Credits
Schedule 3B Refundable Tax Credits
Total payments 835

Net tax due /-overpayment 84

Penalties and Interest

Underpayment tax penalty
Interest and Other Penalties

Net amount due/-refund 84

Overpayment to be credited to next year's estimated tax

Balance due/-refund 84

Next Year's Estimates

1st quarter
2nd quarter 460
3rd quarter 230
4th quarter 230
Total 920

Filing Instructions**NORTH GEORGIA COMMUNITY FOUNDATION,
INC.****Form 602-ES - Exempt/Corporate Estimated Tax****Taxable Year Ending December 31, 2025**

Instructions: Your required 2025 Georgia estimated tax payments are as follows:

Due Date	Remittance
4/15/25	\$0
6/16/25	\$460
9/15/25	\$230
12/15/25	\$230

Each payment should be accompanied by a completed 602-ES preprinted coupon. Make each check payable to the Georgia Department of Revenue and write "E.I.N. 58-1610318, year ending 12/31/25" on the check.

Mail To: Georgia Department of Revenue
Processing Center
P.O. Box 105136
Atlanta, GA 30348-5136

CORPORATION AND PARTNERSHIP ESTIMATED TAX

SHORT TAXABLE YEAR

Corporations that are required to file estimated tax for a short taxable period or whose accounting period has changed should use Form 602 ES and change applicable dates to coincide with the short period. Make check or money order payable to: Georgia Department of Revenue. Mail payment to:

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

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

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

Use a payment voucher with a valid scanline.

CORPORATION AND PARTNERSHIP ESTIMATED TAX WORKSHEET

1. Amount of taxable income expected during the current year

2. Estimated Tax (use applicable tax rate)

3. Less Credits

4. Less Credit for 2024 overpayment if credit was elected on Form 600, 600S or 700

5. Unpaid balance (Line 2 less Line 3 and Line 4 but not less than zero)

6. Computation of installment: (check box below and enter amount.)

\$

\$

\$

\$

\$

\$

If first payment is

[] April 15, 2025, enter 1/4 of Line 5

[] Sept. 15, 2025, enter 1/2 of Line 5

due to be filed on

[] June 15, 2025, enter 1/3 of Line 5

[] Dec. 15, 2025, enter amount of Line 5

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

Amount Due

\$

Corporations filing on a fiscal year ending after January 1 must file on corresponding dates. If your entity must pay estimated tax in the corporate manner, see the Estimated Income Tax page in the IT-611 Tax Booklet.

CUT HERE

602 ES (Rev. 07/15/24)
Corporate and Partnership
Estimated Tax

2025
Fiscal Year
Ending

TYPE OF RETURN: ☒ 03-Corporate ☐ 35-Partnership ☐ Name Change ☐ Address Change ☐ Tax Year Change

58-1610318

2025

12-31-25

06-16-25

2

012

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
PO BOX 105136
ATLANTA GA 30348-5136

Under penalty of perjury, I declare that this return has been examined by me and to the best of my knowledge and belief it is true, correct and complete. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Signature _____ Title **PRESIDENT-CE**

Telephone **770-535-7880** Date _____

BUSINESS NAME AND ADDRESS

NORTH GEORGIA COMMUN
INC.
340 JESSE JEWELL PKW
GAINESVILLE GA 30501

Amount Paid \$

460.00

6025816103180081231250616252220000001200000460007

CORPORATION AND PARTNERSHIP ESTIMATED TAX

SHORT TAXABLE YEAR

Corporations that are required to file estimated tax for a short taxable period or whose accounting period has changed should use Form 602 ES and change applicable dates to coincide with the short period. Make check or money order payable to: Georgia Department of Revenue. Mail payment to:

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

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\$

\$

\$

\$

\$

\$

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[] April 15, 2025, enter 1/4 of Line 5

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due to be filed on

[] June 15, 2025, enter 1/3 of Line 5

[] Dec. 15, 2025, enter amount of Line 5

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

Amount Due

\$

Corporations filing on a fiscal year ending after January 1 must file on corresponding dates. If your entity must pay estimated tax in the corporate manner, see the Estimated Income Tax page in the IT-611 Tax Booklet.

CUT HERE

602 ES (Rev. 07/15/24)
Corporate and Partnership
Estimated Tax

2025
Fiscal Year
Ending

TYPE OF RETURN: ☒ 03-Corporate ☐ 35-Partnership ☐ Name Change ☐ Address Change ☐ Tax Year Change

FEI Number
58-1610318

Tax Year
2025

Year Ending
12-31-25

Due Date
09-15-25

Payment #
3

Vendor Code
012

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
PO BOX 105136
ATLANTA GA 30348-5136

Under penalty of perjury, I declare that this return has been examined by me and to the best of my knowledge and belief it is true, correct and complete. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Signature
Telephone 770-535-7880

Title PRESIDENT-CE
Date

BUSINESS NAME AND ADDRESS
NORTH GEORGIA COMMUN
INC.
340 JESSE JEWELL PKW
GAINESVILLE GA 30501

Amount Paid\$ 230 .00

60258161031800812312509152532220000001200000230002

CORPORATION AND PARTNERSHIP ESTIMATED TAX

SHORT TAXABLE YEAR

Corporations that are required to file estimated tax for a short taxable period or whose accounting period has changed should use Form 602 ES and change applicable dates to coincide with the short period. Make check or money order payable to: Georgia Department of Revenue. Mail payment to:

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

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

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

Use a payment voucher with a valid scanline.

CORPORATION AND PARTNERSHIP ESTIMATED TAX WORKSHEET

1. Amount of taxable income expected during the current year

2. Estimated Tax (use applicable tax rate)

3. Less Credits

4. Less Credit for 2024 overpayment if credit was elected on Form 600, 600S or 700

5. Unpaid balance (Line 2 less Line 3 and Line 4 but not less than zero)

6. Computation of installment: (check box below and enter amount.)

\$

\$

\$

\$

\$

\$

If first payment is

[] April 15, 2025, enter 1/4 of Line 5

[] Sept. 15, 2025, enter 1/2 of Line 5

due to be filed on

[] June 15, 2025, enter 1/3 of Line 5

[] Dec. 15, 2025, enter amount of Line 5

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

Amount Due

\$

Corporations filing on a fiscal year ending after January 1 must file on corresponding dates. If your entity must pay estimated tax in the corporate manner, see the Estimated Income Tax page in the IT-611 Tax Booklet.

CUT HERE

602 ES (Rev. 07/15/24)
Corporate and Partnership
Estimated Tax

2025
Fiscal Year
Ending

TYPE OF RETURN: ☒ 03-Corporate ☐ 35-Partnership ☐ Name Change ☐ Address Change ☐ Tax Year Change

58-1610318

2025

12-31-25

12-15-25

4

012

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

Under penalty of perjury, I declare that this return has been examined by me and to the best of my knowledge and belief it is true, correct and complete. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Signature _____ Title **PRESIDENT-CE**

Telephone **770-535-7880** Date _____

PROCESSING CENTER
GEORGIA DEPARTMENT OF REVENUE
PO BOX 105136
ATLANTA GA 30348-5136

Amount Paid\$ 230 .00

60258161031800812312512152542220000001200000230005

BUSINESS NAME AND ADDRESS

NORTH GEORGIA COMMUN
INC.
340 JESSE JEWELL PKW
GAINESVILLE GA 30501

Filing Instructions

NORTH GEORGIA COMMUNITY FOUNDATION, INC.

Form 600-T - Exempt Unrelated Business Return

Taxable Year Ended December 31, 2024

Date Due: November 17, 2025

Remittance: Your Form 600-T for the tax year ended 12/31/24 shows a balance due of \$84. Include a check payable to the Georgia Department of Revenue in the amount of \$84 with your voucher PV Corp. Write "E.I.N. 58-1610318 , Form 600-T for the year ended 12/31/24" on the check.

Mail To: Georgia Department of Revenue
Processing Center
P.O. Box 740397
Atlanta, GA 30374-0397

A signed copy of your exempt organization's 990/990EZ or 990PF must be mailed to the following department:

Georgia Department of Revenue
Processing Center
P.O. Box 740395
Atlanta, GA 30374-0395

Signature: An officer representing the organization must sign and date Form 600-T.

Dos and Don'ts Checklist for the Corporate/Partnership (PV- Corp) Payment Voucher

Payments can be made electronically on the Georgia Tax Center (GTC) gtc.dor.ga.gov/.

Do:

- Use a payment voucher with a valid scanline.
- Complete this voucher if you owe taxes.
- Complete the voucher in its entirety
- Remember **payments \$10,000 or more must be made electronically.**
- Remember if the due date falls on a weekend or holiday, the tax shall be due on the next day that is not a weekend or holiday.
- Write your Federal Employer Identification Number (FEIN) on your check or money order.
- Make your check or money order payable to: Georgia Department of Revenue
- Mail your voucher and payment to the address on the voucher if your return was **filed electronically.**
- Mail your return, payment voucher and payment to the address that appears on the return if filing a **paper return.**

Do not:

- Mail this entire page.
- Staple payment and voucher together.
- Print on both sides of the paper.
- Handwrite any information.

Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

----- CUT HERE -----

PV CORP (Rev. 08/13/24)
Corporate and Partnership
Payment Voucher

2024



2503001214

MAIL TO:

Processing Center
Georgia Department of Revenue
PO Box 740317
Atlanta, GA 30374-0317

☒ Paper Return ☐ Electronically Filed

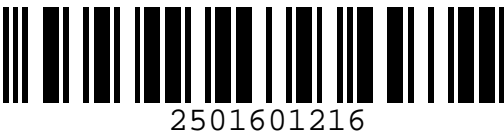
TYPE OF RETURN: ☒ 03-Corporate ☐ 35-Partnership

FEI Number 58-1610318	Income Tax Year 2024	Beginning Date	Ending Date	Vendor Code 012
Name (Type or print plainly the exact Company Name) NORTH GEORGIA COMMUNITY FOUNDA			E-mail Address MPRATER@NGCF.ORG	
Business Address 340 JESSE JEWELL PKWY. SE		City GAINESVILLE	State GA	Zip Code 30501
Title PRESIDENT-CEO	Telephone 770-535-7880	Signature Date		

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

Amount Paid\$ **84 . 00**

0305816103180081231241200000000000001200000084002



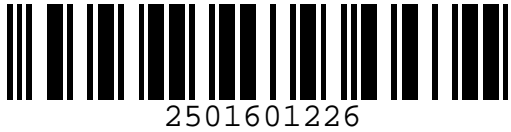
☐ Amended

☐ Amended due to IRS Audit

☐ Address Change

☐ UET Annualization Exception attached

For the taxable year beginning <u>01/01</u> , <u>2024</u> and ending <u>12/31</u> , <u>2024</u>						
Name of Organization		Name of Fiduciary		Federal Employer ID No. (in case of employees' trust described in section 401 (a) and exempt under section 501 (a), insert the trust's identification number.)		
NORTH GEORGIA COMMUNITY F		NORTH GEORGIA COMMUNITY F				
Number and Street		Number and Street				
340 JESSE JEWELL PKWY. SE		340 JESSE JEWELL PKWY. SE		58-1610318		
City or Town		City or Town		NAICS Code	Date of current exemption letter.	IRS code section for which you are exempt.
GAINESVILLE		GAINESVILLE				
State	Zip Code	State	Zip Code	561000		501 (C) (3)
GA	30501	GA	30501			
Georgia Unrelated Business Taxable Income				SCHEDULE 1		
1. Unrelated business taxable income from Federal Form 990-T (attach copy)				1.	17,051	
2. Additions				2.		
3. Total (add Line 1 and Line 2)				3.	17,051	
4. Subtractions				4.		
5. Adjusted unrelated business taxable income (Line 3 less Line 4)				5.	17,051	
6. Income allocated everywhere				6.		
7. Unrelated business taxable income subject to apportionment (Line 5 less Line 6)				7.	17,051	
8. Apportionment ratio (Attach Computation Schedule)				8.	1.000000	
9. Georgia apportioned unrelated business taxable income (Line 7 x Line 8)				9.	17,051	
10. Income allocated to Georgia (Attach Schedule)				10.		
11. Total of Lines 9 and 10				11.	17,051	
12. Georgia net operating loss deduction (Attach Schedule) (See IT-611 instructions for 80% limitation)				12.		
13. Georgia unrelated business taxable income (Line 11 less Line 12)				13.	17,051	



Name <u>NORTH GEORGIA COMMUNITY FOUNDATION,</u>		FEIN <u>58-1610318</u>
COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX		SCHEDULE 2
1. Line 13, Schedule 1 multiplied by 5.39%	1.	919
2. Less: Credits used from Schedule 3, do not enter more than Line 1 of Schedule 2	2.	
3. Less: Payments	3.	835
4. Withholding Credits (G2-A, G2-LP and/or G2-RP)	4.	
5. Schedule 3B Refundable tax credits	5.	
6. Balance of tax due OR overpayment	6.	84
7. Interest due (See Instructions)	7.	
8. Underestimated tax penalty	8.	
9. Other penalties due (See Instructions)	9.	
10. Balance of tax, interest, and penalties due with return	10.	84
11. If Line 6 is an overpayment, amount after any penalties and interest to be credited on 20 <u>25</u>		
Estimated Tax ▶ _____ Refunded ▶ _____		

A COPY OF THE FEDERAL 990-T AND SUPPORTING SCHEDULES (AND ANY EXTENSION) MUST BE ATTACHED TO THIS RETURN. DECLARATION:
I/We declare under penalty of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief, it is true, correct, and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge. Georgia Public Revenue Code Section 48-2-31 stipulates that taxes shall be paid in lawful money of the United States, free of any expense to the State of Georgia.

Signature of Officer

Signature of Individual or Firm Preparing Return

BOARD MEMBER

Title Date

P00939610

Employee ID or Social Security Number

Form GA-600T	Georgia Estimated Tax Payments Worksheet	2024
For calendar year 2025, or tax year beginning , and ending		
Name NORTH GEORGIA COMMUNITY FOUNDATION, INC.		Taxpayer Identification Number 58-1610318

1. Taxable income	1.	<u>17,051</u>
2. Tax	2.	<u>919</u>
3. Tax increase / decrease	3.	
4. Net tax	4.	<u>919</u>
Less:		
5. Credits and Withholding	5.	
6. Other withholding credits	6.	
7. Rounding amount	7.	<u>1</u>
8. Balance	8.	<u>920</u>
Less:		
9. Current year overpayment applied to next year's estimates	9.	
10. Next year's estimates already paid	10.	
11. Total estimated tax payments	11.	<u><u>920</u></u>

Summary of Estimated Payments

Voucher Number	Due Date	Amount Due	Date Paid	Amount Paid
<u>1</u>	<u>04/15/25</u>	<u>0</u>		
<u>2</u>	<u>06/16/25</u>	<u>460</u>		
<u>3</u>	<u>09/15/25</u>	<u>230</u>		
<u>4</u>	<u>12/15/25</u>	<u>230</u>		