Forms 990 / 990-EZ Return Summary

For calendar year 2025, or tax year beginning , and ending

NORTH GEORGIA COMMUNITY FOUNDATION, INC. **58-1610318**

Net Asset / Fund Balance at Beginning of Year				121,354,906
Revenue				
Contributions		52,980,384		
Program service revenue		616,760		
Investment income		6,576,958		
Capital gain / loss		2,754,972		
Fundraising / Gaming:				
Gross revenue	662,890			
Direct expenses	352,874			
Net income		310,016		
Other income		0		
Total revenue			63,239,090	
Expenses				
Program services		15,851,274		
Management and general		449,439		
Fundraising		301,454		
Total expenses			16,602,167	
Excess / (deficit)				46,636,923
Changes				6,745,284
Net Asset / Fund Balance at End of Year				174,737,113

Reconciliation of Revenue

Total revenue per financial statements		59,713,374
Less:		
Unrealized gains	6,745,284	
Donated services	24,172	
Recoveries		
Other	352,874	
Plus:		
Investment expenses		
Other	10,648,046	
Total revenue per return		63,239,090

Reconciliation of Expenses

Total expenses per financial statements		14,924,603
Less:		
Donated services	24,172	
Prior year adjustments		
Losses		
Other	352,874	
Plus:		
Investment expenses		
Other	2,054,610	
Total expenses per return		16,602,167

Balance Sheet

	Beginning	Ending	Differences
Assets	126,048,419	182,111,364	
Liabilities	4,693,513	7,374,251	
Net assets	121,354,906	174,737,113	53,382,207

Miscellaneous Information

Amended return	
Return / extended due date	11/16/26
Failure to file penalty	

Form 990-T Return Summary

For calendar year 2025, or tax year beginning , and ending

NORTH GEORGIA COMMUNITY FOUNDATION, INC.

58-1610318

Income & Losses (Form 990-T, Sch A)	# of Schedules 1		
Income from all activities	15,150		
Losses from all activities			
Unrelated business taxable income from all trades		15,150	
Income Adjustments (Form 990-T, Part I)			
Disallowed fringe benefits			
Charitable contributions			
Net operating loss (prior to 2018)			
Specific deduction	1,000		
Section 199A Deduction (Trusts Only)			
Total adjustments		(1,000)	
Unrelated business taxable income			14,150
Taxes & Credits (Form 990-T, Part II and III)			
Regular tax	2,972		
Other tax: _ Proxy _ AMT_ Facilities			
Tax Due		2,972	
Foreign tax credit and other credits			
General business credits			
Prior year minimum tax credit			
Total nonrefundable credits			
Other taxes			
Total tax			2,972
Payments & Penalties			
Estimated tax payments and Tax withheld	3,581		
Paid with extension			
Refundable credits and other payments			
Payments		3,581	
Net tax due			0
Estimated tax penalty	9		
Interest on late payments			
Failure to file penalty			
Failure to pay penalty			
Penalties		9	
Balance due			
Total overpayment		600	
Overpayment applied to next year's tax		600	
Refund			

Next Year's Estimates

1st quarter	
2nd quarter	1,290
3rd quarter	550
4th quarter	550
Total	2,390

Miscellaneous Information

Amended return

Return / extended due date 11/16/26

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

June 25, 2026

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, 2026

Instructions: Your required 2026 Form 990-T estimated tax payments are as follows:

Due Date	Remittance
4/15/2026	$0
6/15/2026	$1,290
9/15/2026	$550
12/15/2026	$550

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, 2025

Date Due: November 16, 2026

Remittance: None is required. Your Form 990 for the tax year ended 12/31/2025 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**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning . . . . . , 2025, and ending . . . . . , 20 . . . . . .

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

OMB No. 1545-0047

2025

Name of filer: **NORTH GEORGIA COMMUNITY FOUNDATION, INC.**

EIN or SSN: **58-1610318**

Name 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	X	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**	**63,239,090**
2a Form 990-EZ check here		**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**	
3a Form 1120-POL check here		**b**	**Total tax** (Form 1120-POL, line 22)	**3b**	
4a Form 990-PF check here		**b**	**Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**	
5a Form 8868 check here		**b**	**Balance due** (Form 8868, line 3c)	**5b**	
6a Form 990-T check here		**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b**	
7a Form 4720 check here		**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**	
8a Form 5227 check here		**b**	**FMV of assets at end of tax year** (Form 5227, item D)	**8b**	
9a Form 5330 check here		**b**	**Tax due** (Form 5330, Part II, line 19)	**9b**	
10a Form 8038-CP check here		**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 [X] 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 2025 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

[X] 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 2025 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 2025 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 **05/26/26**

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 2025 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 **05/26/26**

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

Form **8879-TE**

Department of the Treasury
Internal Revenue Service

IRS E-file Signature Authorization for a Tax-Exempt Entity

For calendar year 2025, or fiscal year beginning . . . . . , 2025, and ending . . . . . , 20 . . . . . .

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

OMB No. 1545-0047

2025

Name of filer: **NORTH GEORGIA COMMUNITY FOUNDATION, INC.**

EIN or SSN: **58-1610318**

Name 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	☐	**b**	**Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	**1b**
2a	**Form 990-EZ** check here	☐	**b**	**Total revenue,** if any (Form 990-EZ, line 9)	**2b**
3a	**Form 1120-POL** check here	☐	**b**	**Total tax** (Form 1120-POL, line 22)	**3b**
4a	**Form 990-PF** check here	☐	**b**	**Tax based on investment income** (Form 990-PF, Part V, line 5)	**4b**
5a	**Form 8868** check here	☐	**b**	**Balance due** (Form 8868, line 3c)	**5b**
6a	**Form 990-T** check here	☒	**b**	**Total tax** (Form 990-T, Part III, line 4)	**6b** 2,972
7a	**Form 4720** check here	☐	**b**	**Total tax** (Form 4720, Part III, line 1)	**7b**
8a	**Form 5227** check here	☐	**b**	**FMV of assets at end of tax year** (Form 5227, item D)	**8b**
9a	**Form 5330** check here	☐	**b**	**Tax due** (Form 5330, Part II, line 19)	**9b**
10a	**Form 8038-CP** check here	☐	**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 2025 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 2025 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 2025 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 **05/26/26**

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 2025 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 **05/26/26**

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

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

2025

Open to Public Inspection

A For the 2025 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**

D Employer identification number: **58-1610318**

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

G Gross receipts$ **125,316,971**

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

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions.

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

J Website: **WWW.NGCF.ORG**

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation: **1985**

M State of legal domicile: **GA**

Part I Summary

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	25
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	25
5 Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	11
6 Total number of volunteers (estimate if necessary)	6	24
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	19,673
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	14,150

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	14,453,612	52,980,384
9 Program service revenue (Part VIII, line 2g)	494,046	616,760
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,601,017	9,331,930
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	218,435	310,016
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,767,110	63,239,090
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	21,542,168	13,469,327
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)	1,161,044	1,311,509
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) **301,454**		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,437,171	1,821,331
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	24,140,383	16,602,167
19 Revenue less expenses. Subtract line 18 from line 12	1,626,727	46,636,923

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	126,048,419	182,111,364
21 Total liabilities (Part X, line 26)	4,693,513	7,374,251
22 Net assets or fund balances. Subtract line 21 from line 20	121,354,906	174,737,113

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 — Date

MICHELLE PRATER **PRESIDENT-CEO**

Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
J. CHRIS HOLLIFIELD	**J. CHRIS HOLLIFIELD**			**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

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

THE NORTH GEORGIA COMMUNITY FOUNDATION HELPS PEOPLE AND NON-PROFITS INVEST GENEROUSLY IN THE LIVES OF THOSE WHO CALL OUR COMMUNITY HOME.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ **15,025,605** including grants of $ **13,469,327**) (Revenue $ **235,541**)

GRANTS AND SCHOLARSHIPS

THE NORTH GEORGIA COMMUNITY FOUNDATION OFFERS OUR DONORS THE OPPORTUNITY TO CREATE A LEGACY BY ESTABLISHING CHARITABLE FUNDS TO MAKE GRANTS TO SUPPORT NONPROFIT ORGANIZATIONS AND CAUSES IMPORTANT TO THEM. IN ADDITION, WE SUPPORT AREA NONPROFITS THROUGH OUR COMMUNITY IMPACT GRANT PROGRAM AND LOCAL STUDENTS THROUGH OUR SCHOLARSHIP PROGRAMS. DURING THE YEAR, WE AWARDED OVER $13 MILLION IN GRANTS AND SCHOLARSHIPS.

4b (Code:) (Expenses $ **618,166** including grants of $) (Revenue $ **381,219**)

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 $ **207,503** 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 **15,851,274**

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*	**1**	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	**2**	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*	**3**		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*	**4**		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*	**5**		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*	**6**	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*	**7**		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	**8**		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*	**9**	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*	**10**	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*	**11a**	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*	**11b**		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*	**11c**		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*	**11d**		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	**11e**	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*	**11f**	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	**12a**		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*	**12b**	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	**13**		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	**14a**		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*	**14b**		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*	**15**		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*	**16**		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	**17**		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*	**18**	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*	**19**		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	**20a**		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	**20b**		
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*	**21**	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? *If "Yes," complete Schedule I, Parts I and III*	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? *If "Yes," complete Schedule J*	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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part 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? *If "Yes," complete Schedule L, Part II*	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? *If "Yes," complete Schedule L, Part III*	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? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	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? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	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? *If "Yes," complete Schedule R, Part VI*	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 Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	42		
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	11		
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?	13a			
	Note: See the instructions for additional information the organization must report on Schedule O.				
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?	15			X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16			X
	If "Yes," complete Form 4720, Schedule O.				
17	**Section 501(c)(21) organizations.** Did the trust, or 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?	17			
	If "Yes," complete Form 6069.				

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 X

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	25		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	**1b**	25		
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.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

LISA WARWICK **340 JESSE JEWELL PARKWAY SE STE 605**
GAINESVILLE **GA 30501** **770-535-7880**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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				259,475	0	28,751
(2) LISA WARWICK	40.00									
SENIOR VP FINANCE	0.00					X		156,774	0	23,414
(3) MEGAN EVANS	40.00									
VP COMMUNICATIONS	0.00					X		121,132	0	21,371
(4) MARGAUX DOLENC	40.00									
VP NONPROFIT ENGAGEM	0.00					X		107,065	0	20,812
(5) ANDY BANGS	0.00									
BOARD MEMBER	0.00	X						0	0	0
(6) SCOTT BARLOGA	0.00									
BOARD MEMBER	0.00	X						0	0	0
(7) MARK BELL	0.00									
BOARD MEMBER	0.00	X						0	0	0
(8) CHAD BLACK	0.00									
BOARD MEMBER	0.00	X						0	0	0
(9) JEFF COHEN	0.00									
BOARD MEMBER	0.00	X						0	0	0
(10) CAROLE ANN DANIEL	0.00									
BOARD MEMBER	0.00	X						0	0	0
(11) RANDALL FROST	0.00									
CHAIR	0.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 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) DON GRIMSLEY										
(12)	0.00									
VICE CHAIR	0.00	X		X				0	0	0
(13) KRISTI GRIFFIN										
(13)	0.00									
TREASURER	0.00	X		X				0	0	0
(14) TOM JOHNSTON										
(14)	0.00									
BOARD MEMBER	0.00	X						0	0	0
(15) CHRISTINA JONES										
(15)	0.00									
BOARD MEMBER	0.00	X						0	0	0
(16) RACHEL MARSHALL										
(16)	0.00									
BOARD MEMBER	0.00	X						0	0	0
(17) JAMES MCCOY										
(17)	0.00									
BOARD MEMBER	0.00	X						0	0	0
(18) KELLY MILES										
(18)	0.00									
BOARD MEMBER	0.00	X						0	0	0
(19) MARY HELEN MCGRUDER										
(19)	0.00									
BOARD MEMBER	0.00	X						0	0	0
1b Subtotal								644,446		94,348
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								644,446		94,348

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 **4**

		Yes	No
3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such individual*	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? *If "Yes," complete Schedule J for such person*	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 VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	4,329				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	52,976,055				
	g Noncash contributions included in lines 1a-1f	1g	$ 38,039,888				
	h **Total.** Add lines 1a–1f			52,980,384			
Program Service Revenue		Business Code					
	2a FOUNDATION FEES - OTHER	900099		362,371	362,371		
	b OFFICE RENTAL TO NON PROFITS	900099		153,588	153,588		
	c OTHER	900099		81,128	81,128		
	d ADMINISTRATIVE FEES	900099		19,673		19,673	
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			616,760			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			6,576,958			6,576,958
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents 6a						
	b Less: rental expenses 6b						
	c Rental inc. or (loss) 6c						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory 7a	64,479,979					
	b Less: cost or other basis and sales exps. 7b	61,725,007					
	c Gain or (loss) 7c	2,754,972					
	d Net gain or (loss)			2,754,972	2,754,972		
	8a Gross income from fundraising events (not including $ 4,329 of contributions reported on line 1c). See Part IV, line 18	8a	662,890				
	b Less: direct expenses	8b	352,874				
	c Net income or (loss) from fundraising events			310,016			310,016
	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			63,239,090	3,352,059	19,673	6,886,974

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,629,885	12,629,885		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	839,442	839,442		
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	226,500	67,950	22,650	135,900
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	813,886	490,426	262,311	61,149
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	53,263	28,586	14,589	10,088
9 Other employee benefits	145,570	78,127	39,872	27,571
10 Payroll taxes	72,290	38,798	19,800	13,692
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	57,989	56,773	775	441
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	43,622	43,622		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	32,577	29,137	2,192	1,248
12 Advertising and promotion	36,178	19,417	9,909	6,852
13 Office expenses	121,444	108,620	8,173	4,651
14 Information technology				
15 Royalties				
16 Occupancy	343,167	306,910	23,115	13,142
17 Travel	83,602	44,869	22,899	15,834
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	151,866	135,829	10,221	5,816
23 Insurance	44,572	39,865	3,000	1,707
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	774,935	774,935		
b OTHER	87,802	78,530	5,909	3,363
c BOARD AND COMMITTEE EXP	39,553	39,553		
d INCOME TAX	4,024		4,024	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	16,602,167	15,851,274	449,439	301,454
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 ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	3,347,710	1	1,530,922
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	393,228	4	525,290
	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	14,880	9	15,896
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 3,512,825			
	b	Less: accumulated depreciation — 10b: 1,531,638	2,133,054	10c	1,981,187
	11	Investments—publicly traded securities	118,599,679	11	176,758,699
	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	1,559,868	15	1,299,370
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	126,048,419	16	182,111,364
Liabilities	17	Accounts payable and accrued expenses	23,070	17	55,085
	18	Grants payable		18	
	19	Deferred revenue	1,824	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to 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	4,668,619	25	7,319,166
	26	**Total liabilities.** Add lines 17 through 25	4,693,513	26	7,374,251
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	114,662,093	27	169,588,020
	28	Net assets with donor restrictions	6,692,813	28	5,149,093
		Organizations that do not follow FASB ASC 958, check here ☐ **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	121,354,906	32	174,737,113
	33	Total liabilities and net assets/fund balances	126,048,419	33	182,111,364

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	63,239,090
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,602,167
3	Revenue less expenses. Subtract line 2 from line 1	3	46,636,923
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	121,354,906
5	Net unrealized gains (losses) on investments	5	6,745,284
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	174,737,113

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: [ ] Cash [X] Accrual [ ] 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. [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2a		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. [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis	2b	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.	2c	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?	3a		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	3b		

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) STEVE MICKENS										
(12)	**0.00**									
BOARD MEMBER	**0.00**	**X**						**0**	**0**	**0**
(21) TATE O'ROUKE										
(13)	**0.00**									
BOARD MEMBER	**0.00**	**X**						**0**	**0**	**0**
(22) HART PAYNE										
(14)	**0.00**									
BOARD MEMBER	**0.00**	**X**						**0**	**0**	**0**
(23) STEVEN SMITH										
(15)	**0.00**									
BOARD MEMBER	**0.00**	**X**						**0**	**0**	**0**
(24) MARTHA SPENCE										
(16)	**0.00**									
BOARD MEMBER	**0.00**	**X**						**0**	**0**	**0**
(25) BRIAN STEINES										
(17)	**0.00**									
SECRETARY	**0.00**	**X**		**X**				**0**	**0**	**0**
(26) JOHN VARDEMAN										
(18)	**0.00**									
BOARD MEMBER	**0.00**	**X**						**0**	**0**	**0**
(27) JASON VOYLES										
(19)	**0.00**									
BOARD MEMBER	**0.00**	**X**						**0**	**0**	**0**
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

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) TREY WOOD										
(12)	**0.00**									
BOARD MEMBER	**0.00**	**X**						**0**	**0**	**0**
(13)										
(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? *If "Yes," complete Schedule J for such individual*	**3**		
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? *If "Yes," complete Schedule J for such individual*	**4**		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		

Section B. Independent Contractors

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

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

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

SCHEDULE A (Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2025

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 must generally 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,306,402	17,941,942	14,494,843	14,453,612	52,980,384	120,177,183
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	20,306,402	17,941,942	14,494,843	14,453,612	52,980,384	120,177,183
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)						31,972,290
6 Public support. Subtract line 5 from line 4						88,204,893

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	20,306,402	17,941,942	14,494,843	14,453,612	52,980,384	120,177,183
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	5,588,423	2,583,329	4,252,085	6,895,036	6,576,958	25,895,831
9 Net income from unrelated business activities, whether or not the business is regularly carried on	224,889	153,053	160,407	235,486	324,166	1,098,001
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	7,126	8,458				15,584
11 **Total support.** Add lines 7 through 10						147,186,599

12	Gross receipts from related activities, etc. (see instructions)	12	2,727,763

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 2025 (line 6, column (f), divided by line 11, column (f))	14	59.93 %
15	Public support percentage from 2024 Schedule A, Part II, line 14	15	63.70 %

16a **33 1/3% support test — 2025.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test — 2024.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test — 2025.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test — 2024.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests — 2025.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests — 2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.*	6		
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).*	7		
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).*	8		
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.*	9a		
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.*	9b		
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.*	9c		
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.*	10a		
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.)*	10b		

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** ☐ The organization satisfied the Activities Test. *Complete line 2 below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*
- **c** ☐ The organization supported a governmental supported organization. *Describe in Part VI how you supported a governmental supported organization (see instructions).*

			Yes	No
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 its supported organization(s)? 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, 3b, and 3c below.*			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in Part VI.*	**3a**		
b	Did the organization direct 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**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI .*	**3c**		

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 *(explain in detail in Part VI)*:			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	**4**		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	**5**		
6 Multiply line 5 by 0.035.	**6**		
7 Recoveries of prior-year distributions	**7**		
8 **Minimum Asset Amount** (add line 7 to line 6)	**8**		

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

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

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

Section D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	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	**Total annual distributions.** Add lines 1 through 5.	6	
7	Distributions to attentive supported organizations to which the organization is responsive (*provide details in Part VI*). See instructions.	7	
8	Distributable amount for 2025 from Section C, line 6	8	
9	Line 7 amount divided by line 8 amount	9	

Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1	Distributable amount for 2025 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required–*explain in Part VI*). See instructions.			
3	Excess distributions carryover, if any, to 2025			
a	From 2020			
b	From 2021			
c	From 2022			
d	From 2023			
e	From 2024			
f	**Total** of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2025 distributable amount			
i	Carryover from 2020 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2025 from Section D, line 6: $			
a	Applied to underdistributions of prior years			
b	Applied to 2025 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in Part VI.* See instructions.			
7	**Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2021			
b	Excess from 2022			
c	Excess from 2023			
d	Excess from 2024			
e	Excess from 2025			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; 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	**$**	**15,584**

Schedule B (Form 990) (Rev. December 2024))
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization
NORTH GEORGIA COMMUNITY FOUNDATION, INC.

Employer identification number
58-1610318

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	[X] 501(c)(**3**) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

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

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

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

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

Name of organization
NORTH GEORGIA COMMUNITY FOUNDATION,

Employer identification number
58-1610318

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	TOMMY BAGWELL 4705 LELAND DRIVE CUMMING GA 30041	$ 2,016,041	Person ☐ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
2	ESTATE OF ANNE THOMAS 340 JESSE JEWELL PKWY SE STE 605 GAINESVILLE GA 30501	$ 30,699,183	Person ☒ Payroll ☐ Noncash ☒ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)

Name of organization: NORTH GEORGIA COMMUNITY FOUNDATION,

Employer identification number: 58-1610318

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	SECURITIES	$ 2,016,041	10/01/25
2	SECURITIES	$ 29,709,014	10/13/25
		$	
		$	
		$	
		$	

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	201	
2	Aggregate value of contributions to (during year)	7,565,670	
3	Aggregate value of grants from (during year)	38,326,089	
4	Aggregate value at end of year	60,494,734	

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? [X] Yes [ ] 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? [X] Yes [ ] 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).

- [ ] Preservation of land for public use (for example, recreation or education)
- [ ] Protection of natural habitat
- [ ] Preservation of open space
- [ ] Preservation of a historically important land area
- [ ] Preservation of a certified historic structure

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 conversation 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	3,133,600
d Additions during the year	1d	349,197
e Distributions during the year	1e	126,100
f Ending balance	1f	3,276,936

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	20,605,374	24,141,292	23,975,425	21,989,019	16,943,501
b Contributions	7,148,076	2,600,203	1,689,407	6,770,243	4,254,016
c Net investment earnings, gains, and losses	3,712,955	2,415,425	3,517,355	-4,023,083	2,442,403
d Grants or scholarships	-2,054,310	-2,655,579	-4,773,451	-528,961	-1,283,297
e Other expenditures for facilities and programs		-5,692,033			
f Administrative expenses	-213,286	-203,934	-267,444	-231,793	-200,722
g End of year balance	29,198,809	20,605,374	24,141,292	23,975,425	22,155,901

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	1,150,033	1,027,616
c Leasehold improvements		355,536	106,661	248,875
d Equipment		311,039	203,962	107,077
e Other		100,912	70,982	29,930
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				1,981,187

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**	**5,801,949**
(3) **OPERATING LEASE LIABILITY**	**1,376,308**
(4) **ANNUITY LIABILITIES**	**140,269**
(5) **SECURITY DEPOSIT**	**640**
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, line 25, col. (B))*	**7,319,166**

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 X

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	59,713,374
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	6,745,284		
b	Donated services and use of facilities	2b	24,172		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	352,874		
e	Add lines 2a through 2d			2e	7,122,330
3	Subtract line 2e from line 1			3	52,591,044
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	10,648,046		
c	Add lines 4a and 4b			4c	10,648,046
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	63,239,090

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	14,924,603
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	24,172		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	352,874		
e	Add lines 2a through 2d			2e	377,046
3	Subtract line 2e from line 1			3	14,547,557
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	2,054,610		
c	Add lines 4a and 4b			4c	2,054,610
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	16,602,167

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 - LINE 2 - FIN 48 FOOTNOTE
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, 2025, THE FOUNDATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

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

Part XIII Supplemental Information *(continued)*

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 2022.

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER
SPECIAL EVENTS EXPENSE $ 352,874

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER
AGENCY FUND ADUSTMENT $ 10,648,046

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER
SPECIAL EVENTS EXPENSE $ 352,874

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER
AGENCY FUND ADJUSTMENT $ 2,054,610

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 fund-raiser have custody or control of contributions? Yes	(iii) No	**(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
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 REGION 2 RTAC E (event type)	(b) Event #2 FORSYTH COUNTY (event type)	(c) Other events 10 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	113,424	102,817	331,354	547,595
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	113,424	102,817	331,354	547,595
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	67,360	26,964	219,180	313,504
	10 Direct expense summary. Add lines 4 through 9 in column (d)				313,504
	11 Net income summary. Subtract line 10 from line 3, column (d)				234,091

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	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain:

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

b If "Yes," explain:

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

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility **13a** %

b An outside facility **13b** %

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

Name

Address

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

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

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

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year $

Part IV Supplemental Information.

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

SCHEDULE I (Form 990)

(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? [X] 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) ABOUTFACE-USA 188 TRI COUNTY PLAZA CUMMING GA 30040	46-3950443	3	20,000				HUMAN SERVICES
(2) AGNES SCOTT COLLEGE 141 EAST COLLEGE AVENUE DECATUR GA 30030	58-0566116	3	16,000				EDUCATION
(3) ALEXANDER - THARPE FUND 150 BOBBY DODD WAY ATLANTA GA 30332	58-6043226	3	62,500				EDUCATION
(4) AMERICAN BIBLE SOCIETY P.O. BOX 8914 TOPEKA KS 66608	13-1623885	3	10,000				RELIGION
(5) AMERICAN CANCER SOCIETY P.O. BOX 6704 HAGERSTOWN MD 21741	13-1788491	3	6,317				HEALTH
(6) AMERICAN CARIBBEAN EXPERIENCE INC 7507 ROSWELL ROAD #101 SANDY SPRINGS GA 30350	01-0608595	3	7,000				HUMAN SERVICES
(7) AMERICAN ENDOWMENT FOUNDATION 5700 DARROW ROAD SUITE 118 HUDSON OH 44236	34-1747398	3	40,068				TRANSFER
(8) AMERICAN HEART ASSOCIATION 519 E 4TH ST CHATTANOOGA TN 37403	13-5613797	3	5,119				HEALTH
(9) ASBURY CHAPEL P O BOX 797 GAINESVILLE GA 30503	92-1202151	3	55,365				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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(1) ATHENS AREA DIAPER BANK 130 CONWAY DR SUITE E BOGART GA 30622	83-3502078	3	8,000				HUMAN SERVICES
(2) ATHENS-OCONEE CASA 693 NORTH POPE STREET ATHENS GA 30601	58-2100852	3	6,000				HUMAN SERVICES
(3) ATLANTA BOTANICAL GARDEN 1911 SWEETBAY DRIVE GAINESVILLE GA 30501	58-1313284	3	393,068				ENVIRONMENTAL
(4) ATLANTA ROAD CHURCH OF CHRIST 902 ATLANTA HIGHWAY GAINESVILLE GA 30501	58-1439463	3	19,320				RELIGION
(5) AUBURN UNIVERSITY FOUNDATION 107 COMER HALL AUBURN UNIVERSITY AL 36849	63-6022422	3	74,417				EDUCATION
(6) AUGUSTA STATE UNIVERSITY FINANCIAL AID OFFICE 2500 WALTON WA AUGUSTA GA 30904	58-6038134	3	7,500				EDUCATION
(7) BALD RIDGE LODGE, INC. 505 LAKELAND PLAZA #302 CUMMING GA 30040	20-3690682	3	20,324				HUMAN SERVICES
(8) BELLISSIMO THEATRE COMPANY INC C/O ANDREW GUERRASIO P.O. BOX 15 CUMMING GA 30028	87-1131652	3	15,000				ARTS & CULTURE
(9) BIG CANOE CHAPEL 226 WOLFSCRATCH VILLIAGE CIRCLE BIG CANOE GA 30143	58-1325649	3	19,100				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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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) BIG CREEK ELEMENTARY 1994 PEACHTREE PARKWAY CUMMING GA 30041	58-6000243	3	5,374				EDUCATION
(2) BOOTH WESTERN ART MUSEUM 501 MUSEUM DRIVE CARTERSVILLE GA 30120	20-1234015	3	10,262				ARTS & CULTURE
(3) BOY SCOUTS OF AMERICA - NORTHEAST G PO BOX 399 JEFFERSON GA 30549	58-0566207	3	540,947				EDUCATION
(4) BOYS & GIRLS CLUBS OF LANIER PO BOX 691 GAINESVILLE GA 30501	58-0656890	3	174,050				HUMAN SERVICES
(5) BRANDYWINE ELEMENTARY SCHOOL 175 MARTIN DRIVE ALPHARETTA GA 30004	58-6000243	3	5,175				EDUCATION
(6) BRENAU UNIVERSITY 500 WASHINGTON ST., SE BOX 16 GAINESVILLE GA 30501	58-0566143	3	621,086				EDUCATION
(7) BROOKWOOD ELEMENTARY 2980 VAUGHN DRIVE CUMMING GA 30041	58-6000243	3	6,813				EDUCATION
(8) BUFORD CHURCH OF CHRIST, INC. 1135 CHATHAM ROAD BUFORD GA 30518	58-1405585	3	121,488				RELIGION
(9) CALIFORNIA COMMUNITY FOUNDATION 717 W. TEMPLE ST. FL 1 LOS ANGELES CA 90012-3758	95-3510055	3	6,500				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

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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.

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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) CALVIN SIMMONS FOUNDATIONAL MINISTR 515 NORTH CHURCH STREET THOMASTON GA 30286	58-2054163	3	35,500				RELIGION
(2) CAMPUS CRUSADE FOR CHRIST PO BOX 628222 ORLANDO FL 32862	95-6006173	3	7,500				RELIGION
(3) CAREGIVER'S HOPE, INC. PO BOX 94173 ATLANTA GA 30377	77-0642833	3	7,000				HUMAN SERVICES
(4) CASA OF FORSYTH COUNTY, INC. 133 SAMARITAN DRIVE, SUITE 107 CUMMING GA 30040	20-0481980	3	13,500				HUMAN SERVICES
(5) CATALYST CHRISTIAN MINISTRIES P.O. BOX 1627 607 HULSEY RD CLEVELAND GA 30528	26-4791482	3	30,000				RELIGION
(6) CENTER FOR THE VISUALLY IMPAIRED IN 739 W. PEACHTREE ST. NW ATLANTA GA 30308	58-1168874	3	10,000				HEALTH
(7) CENTER POINT GA, INC. 1050 ELEPHANT TRAIL GAINESVILLE GA 30501	58-1022054	3	166,100				HUMAN SERVICES
(8) CHATTAHOOCHEE BAPTIST ASSOCIATION 1220 MCEVER ROAD GAINESVILLE GA 30504	58-6014094	3	31,100				HUMAN SERVICES
(9) CHATTAHOOCHEE ELEMENTARY 2800 HOLTZCLAW ROAD CUMMING GA 30041	58-6000243	3	11,465				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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHATTAHOOCHEE RIVERKEEPER GRANTS HANDLING 6020 RIVER VIEW ROA SMYRNA GA 30126	58-2095413	3	10,000				ENVIRONMENTAL
(2) CHATTAHOOCHEE VALLEY EDUCATIONAL FO P.O. BOX 1030 LANETT AL 36863-1030	23-7061995	3	8,190				EDUCATION
(3) CHESTATEE ELEMENTARY SCHOOL 6945 KEITH BRIDGE ROAD GAINESVILLE GA 30506	58-6000243	3	5,675				EDUCATION
(4) CHESTNUT MOUNTAIN PRESBYTERIAN CHUR PO BOX 7280 CHESTNUT MOUNTAIN GA 30502	58-1088923	3	11,662				RELIGION
(5) CHILDREN'S HEALTHCARE OF ATLANTA FO 1575 NORTHEAST EXPRESSWAY ATLANTA GA 30329	90-0779996	3	119,250				HEALTH
(6) CHRISTIAN SOLIDARITY INTERNATIONAL 2629 TOWNSGATE ROAD, SUITE 235 WESTLAKE VILLAGE CA 91361	33-0826951	3	18,000				RELIGION
(7) CITY OF GAINESVILLE 300 HENRY WARD WAY P.O. BOX 2496 GAINESVILLE GA 30501	58-6000581	GOV	11,500				EDUCATION
(8) COAL MOUNTAIN ELEMENTARY 3455 COAL MOUNTAIN DRIVE CUMMING GA 30028	58-6000243	3	10,175				EDUCATION
(9) COMMUNITIES OF COASTAL GEORGIA FOUN PO BOX 2463 BRUNSWICK GA 31521	20-2454729	3	52,853				CIVIC/COMMUNITY

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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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.

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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) COMMUNITY FOUNDATION OF THE TEXAS H 241 EARL GARRETT ST KERRVILLE TX 78028-5304	74-2225369	3	12,000				CIVIC/COMMUNITY
(2) CORNER FARMS FORSYTH 2973 SAMPLES ROAD CUMMING GA 30041	92-1387001	3	214,000				HUMAN SERVICES
(3) CORNERSTONE CHURCH OF BLUFFTON 11 GRASSEY LANE BLUFFTON SC 29910	57-6078951	3	12,049				RELIGION
(4) CROHN'S & COLITIS FOUNDATION OF AME 4780 ASHFORD DUNWOODY ROAD, SUITE 5 ATLANTA GA 30338	13-6193105	3	5,500				HEALTH
(5) CROSS TRAINING SPORTS CAMP, INC. PO BOX 526 CLERMONT GA 30527	43-1991487	3	10,000				RELIGION
(6) CUMMING ELEMENTARY SCHOOL 540 DAHLONEGA STREET CUMMING GA 30040	58-6000243	3	5,175				EDUCATION
(7) CUMMING FIRST UNITED METHODIST CHUR PO BOX 606 CUMMING GA 30028	58-1172867	3	17,550				RELIGION
(8) DARLINGTON SCHOOL 1014 CAVE SPRING ROAD, SW ROME GA 30161	58-0566169	3	15,000				EDUCATION
(9) DAVES CREEK ELEMENTARY 3740 MELODY MIZER LANE CUMMING GA 30041	58-6000243	3	9,469				EDUCATION

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SCHEDULE I (Form 990)

(Rev. December 2024)

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(1)	DEER CREEK SHORES PRESBYTERIAN CHUR 7620 LANIER DRIVE CUMMING GA 30041	58-1202580	3	6,000				RELIGION
(2)	DIRT ROAD DOGGIES RESCUE PO BOX 79 GILLSVILLE GA 30543	47-5058771	3	6,000				ANIMAL WELFARE
(3)	DRUG AWARENESS, INC. 664 LANIER PARK DRIVE GAINESVILLE GA 30501	83-0897362	3	52,000				HEALTH
(4)	DUKE UNIVERSITY 2122 CAMPUS DR. BOX 90581 DURHAM NC 27708-0397	56-0532129	3	5,250				EDUCATION
(5)	EAGLE RANCH PO BOX 7200 CHESTNUT MOUNTAIN GA 30502	58-1497408	3	611,883				HUMAN SERVICES
(6)	EASTER SEALS NORTH GEORGIA, INC. 815 PARK NORTH BLVD CLARKSTON GA 30021	58-1919768	3	20,000				HUMAN SERVICES
(7)	EAST FORSYTH HIGH SCHOOL 8910 JOT EM DOWN RD. GAINESVILLE GA 30506	58-6000243	GOV	15,000				EDUCATION
(8)	EDMONDSON TELFORD CHILD ADVOCACY CE 603 WASHINGTON STREET, SW GAINESVILLE GA 30501	58-2250500	3	25,700				HUMAN SERVICES
(9)	ELACHEE NATURE SCIENCE CENTER, INC. 2125 ELACHEE DRIVE GAINESVILLE GA 30504	58-1643768	3	217,789				ENVIRONMENTAL

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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**

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) ELEVATED ACCESS INC P.O. BOX 6806 CHAMPAIGN IL 61826-6806	88-1949758	3	10,000				HEALTH
(2) EMERGENCY DIVE RESPONSE TEAM INC 2079 PINE TREE DR. APT. 55 BUFORD GA 30518	92-2630645	3	27,000				HUMAN SERVICES
(3) ETC GEORGIA, INC. 3309 BOLD SPRINGS RD. DACULA GA 30019	83-0578635	3	7,087				HUMAN SERVICES
(4) EXTRA SPECIAL PEOPLE 3 CENTRAL PLAZA BOX 155 ROME GA 30161	58-1710803	3	15,000				HUMAN SERVICES
(5) F.A.I.T.H., INC. PO BOX 1964 CLAYTON GA 30525	58-2176046	3	121,500				CIVIC/COMMUNITY
(6) FAMILY PROMISE OF FORSYTH COUNTY PO BOX 3305 CUMMING GA 30028	46-5664080	3	109,000				HUMAN SERVICES
(7) FAMILY PROMISE OF HALL COUNTY 3606 MCEVER ROAD OAKWOOD GA 30566	27-5544034	3	50,000				HUMAN SERVICES
(8) FAMILY PROMISE OF WHITE AND HABERSH 83 PLEASANT DR. CLEVELAND GA 30528	45-2221200	3	17,000				HUMAN SERVICES
(9) FELLOWSHIP OF SAN ANTONIO INC. 23755 CANYON GOLF ROAD SAN ANTONIO TX 78258	43-1999194	3	10,000				RELIGION

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(1) FEMINIST CENTER FOR REPRODUCTIVE LI 1924 CLIFF VALLEY WAY N.E. ATLANTA GA 30329	58-1273243	3	27,800				HEALTH
(2) FIRST BAPTIST CHURCH OF GAINESVILLE 751 GREEN STREET, NW GAINESVILLE GA 30501	58-0622975	3	11,087				RELIGION
(3) FIRST BAPTIST CHURCH OF JEFFERSON P.O. BOX 395 JEFFERSON GA 30549	58-6120518	3	26,400				RELIGION
(4) FIRST PRESBYTERIAN CHURCH OF GAINES 800 S. ENOTA DRIVE, NE GAINESVILLE GA 30501	58-6011388	3	36,800				RELIGION
(5) FLAT CREEK BAPTIST CHURCH 5504 FLAT CREEK ROAD GAINESVILLE GA 30504	58-1523794	3	13,400				RELIGION
(6) FLOWERY BRANCH HIGH SCHOOL 4450 HOG MOUNTAIN ROAD FLOWERY BRANCH GA 30542	58-6000256	GOV	26,200				EDUCATION
(7) FOOD BANK OF NORTHEAST GEORGIA PO BOX 48857 ATHENS GA 30604	58-1938066	3	37,500				HUMAN SERVICES
(8) FOOD FOR THE POOR, INC. 6401 LYONS ROAD COCONUT CREEK FL 33073	59-2174510	3	6,000				HUMAN SERVICES
(9) FOR HIS KINGDOM MISSIONS PO BOX 620 MURRAYVILLE GA 30564	20-8291520	3	21,798				RELIGION

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(1) FORSYTH CENTRAL HIGH SCHOOL 131 ALMON C HILL DRIVE CUMMING GA 30040	58-6000243	GOV	6,000				EDUCATION
(2) FORSYTH COUNTY PUBLIC LIBRARY 585 DAHLONEGA ROAD CUMMING GA 30040	58-2228307	GOV	19,650				ARTS & CULTURE
(3) FORSYTH COUNTY PUBLIC SCHOOLS 1120 DAHLONEGA HIGHWAY CUMMING GA 30040	58-6000243	GOV	25,780				EDUCATION
(4) FOUNDATION FOR PUBLIC BROADCASTING 260 14TH STREET, NW ATLANTA GA 30318	58-1510475	3	6,200				EDUCATION
(5) FOXFIRE FUND P.O. BOX 541 MOUNTAIN CITY GA 30562	23-7022599	3	5,350				ARTS & CULTURE
(6) FRANKIE AND ANDY'S PLACE 653 GAINESVILLE HIGHWAY WINDER GA 30680	47-5260905	3	44,800				ANIMAL WELFARE
(7) FRANKLIN COUNTY SCHOOL SYSTEM 280 BUSHA ROAD CARNESVILLE GA 30521	58-6000244	GOV	40,585				EDUCATION
(8) FREEDOM MINISTRIES LIGHTHOUSE, INC 7247 OLD 441 S LAKEMONT GA 30552	82-1704586	3	6,000				HUMAN SERVICES
(9) FRIENDS OF DISABLED ADULTS AND CHIL 4900 LEWIS ROAD TUCKER GA 30083	58-1709436	3	20,000				HUMAN SERVICES

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(1) FRIENDS OF THE HALL COUNTY LIBRARY 127 MAIN STREET NW GAINESVILLE GA 30501	20-8456663	3	5,930				EDUCATION
(2) FURMAN UNIVERSITY FOUNDATION, INC. 3300 POINTSETT HIGHWAY GREENVILLE SC 29613	57-1061363	3	10,000				EDUCATION
(3) GAINESVILLE FIRST UNITED METHODIST 2780 THOMPSON BRIDGE RD GAINESVILLE GA 30506	58-0641234	3	342,699				RELIGION
(4) GAINESVILLE-HALL COUNTY COMMUNITY C 430 PRIOR STREET SE GAINESVILLE GA 30501	58-1591227	GOV	16,284				HUMAN SERVICES
(5) GAINESVILLE PARKS & RECREATION 830 GREEN STREET, NE GAINESVILLE GA 30501	58-6000581	GOV	14,806				EDUCATION
(6) GATEWAY DOMESTIC VIOLENCE CENTER PO BOX 2962 GAINESVILLE GA 30503-2962	58-1447674	3	70,900				HUMAN SERVICES
(7) GEORGIA ASYLUM AND IMMIGRATION NETW P.O. BOX 56268 ATLANTA GA 30343	26-1733523	3	23,100				HUMAN SERVICES
(8) GEORGIA FORESTWATCH INC PO BOX 214 DAHLONEGA GA 30533	58-2188475	3	12,600				ENVIRONMENTAL
(9) GEORGIA MOUNTAIN FOOD BANK PO BOX 233 GAINESVILLE GA 30503	26-2787610	3	126,850				HUMAN SERVICES

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(1) GEORGIA MOUNTAINS UNITARIAN UNIVERS 3155 MORRISON MOORE PARKWAY EAST DAHLONEGA GA 30533	58-2073167	3	32,000				RELIGION
(2) GEORGIA MOUNTAINS YMCA 2455 YMCA DRIVE GAINESVILLE GA 30501	58-2203268	3	25,000				HUMAN SERVICES
(3) GEORGIA MOUNTAIN WOMEN'S CENTER, IN PO BOX 833 CORNELIA GA 30531	58-1766060	3	12,500				HUMAN SERVICES
(4) GEORGIA TECH FOUNDATION 760 SPRING STREET, SUITE 400 ATLANTA GA 30308	58-6043294	3	87,000				EDUCATION
(5) GOOD NEWS AT NOON, INC. PO BOX 1577 GAINESVILLE GA 30503	58-1895047	3	34,000				HUMAN SERVICES
(6) GOOD NEWS CLINICS PO BOX 2683 GAINESVILLE GA 30503	58-2058853	3	187,327				HEALTH
(7) GOOD SHEPHERD CLINIC OF DAWSON COUN 452 HIGHWAY 53 E #1009 DAWSONVILLE, GA 30534	27-0245804	3	8,000				HEALTH
(8) GRACE EPISCOPAL CHURCH 422 BRENAU AVENUE GAINESVILLE GA 30501	58-1524654	3	42,970				RELIGION
(9) GREATER HALL CHAMBER FOUNDATION, IN PO BOX 374 GAINESVILLE GA 30503	58-2113447	3	5,190				CIVIC/COMMUNITY

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(1) HABITAT FOR HUMANITY OF HALL COUNTY PO BOX 2514 GAINESVILLE GA 30503	58-1849321	3	7,512				HUMAN SERVICES
(2) HAITI COMPANIONS 589 CUTTHROAT RIDGE # 20015 JASPER GA 30143	47-3110444	3	12,700				HUMAN SERVICES
(3) HALL DAWSON CASA PROGRAM, INC. P O BOX 907471 GAINESVILLE GA 30501	58-2034915	3	74,225				HUMAN SERVICES
(4) HART PARTNERS, INC. 110 BENSON STREET HARTWELL GA 30643	58-2494811	3	22,500				EDUCATION
(5) HAW CREEK ELEMENTARY 2555 ECHOLS ROAD CUMMING GA 30041	58-6000243	GOV	9,712				EDUCATION
(6) HELPING HANDS MINISTRIES 1859 NORTHGATE BLVD. SARASOTA FL 34234	58-2266139	3	20,000				RELIGION
(7) HISPANIC ALLIANCE GA P.O. BOX 1674 GAINESVILLE GA 30503	81-4556909	3	25,000				HUMAN SERVICES
(8) HOPE PO BOX 3166 DULUTH GA 30096	27-1370074	3	97,693				EDUCATION
(9) HOPE FOR HALL P.O. BOX 1764 OAKWOOD GA 30566	92-1819091	3	11,050				HUMAN SERVICES

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(1) HUMANE SOCIETY OF FORSYTH COUNTY P.O. BOX 337 CUMMING GA 30028	58-1375502	3	9,700				ANIMAL WELFARE
(2) HUMANE SOCIETY OF NORTHEAST GEORGIA 845 W RIDGE ROAD GAINESVILLE GA 30506	58-0678817	3	1,355,337				ANIMAL WELFARE
(3) INTERACTIVE NEIGHBORHOOD FOR KIDS, 3900 INK AVENUE OAKWOOD GA 30566	75-3077646	3	184,444				EDUCATION
(4) JACK P. NIX PRIMARY SCHOOL 342 WEST KYTLE STREET CLEVELAND GA 30528	58-6000346	3	50,000				EDUCATION
(5) JACKSON COUNTY COMMUNITY OUTREACH PO BOX 746 COMMERCE GA 30529	58-2502517	3	15,000				EDUCATION
(6) JARRARD BURCH FOUNDATION, INC. 500 JESSE JEWELL PARKWAY, SE SUITE GAINESVILLE GA 30501	20-8879399	3	20,000				ARTS & CULTURE
(7) JEFFERSON HIGH SCHOOL 575 WASHINGTON STREET JEFFERSON GA 30549	58-6003088	GOV	5,388				EDUCATION
(8) JEFFERSON SCHOOL SYSTEM FOUNDATION PO BOX 624 JEFFERSON GA 30549	58-1519680	3	46,482				EDUCATION
(9) JUNIOR ACHIEVEMENT OF GEORGIA 275 NORTHSIDE DRIVE NW BUILDING C 3 ATLANTA GA 30314	58-0598050	3	10,000				EDUCATION

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(1) JUNIOR LEAGUE OF GAINESVILLE-HALL C PO BOX 1472 GAINESVILLE GA 30503	58-6003789	3	28,050				HUMAN SERVICES
(2) JUST PEOPLE, INC. 1412 OAKBROOK DRIVE NORCROSS GA 30093	58-2207476	3	200,000				HUMAN SERVICES
(3) KATE'S CLUB 1190 WEST DRUID HILLS DRIVE NE, SUI ATLANTA GA 30329	16-1646487	3	10,000				HUMAN SERVICES
(4) KEATON FRANKLIN COKER FOUNDATION IN PO BOX 1517 GAINESVILLE GA 30503	47-2023349	3	8,700				HUMAN SERVICES
(5) KENNESAW STATE UNIVERSITY FOUNDATIO 1000 CHASTAIN ROAD, MAILBOX 9101 KENNESAW GA 30144	23-7034345	3	25,000				EDUCATION
(6) KINGS RIDGE CHRISTIAN SCHOOL, INC. 2765 BETHANY BEND ALPHARETTA GA 30004	58-2600863	3	10,000				EDUCATION
(7) KNOX MARTIN FOUNDATION FOR BRAIN CA 700 LINDSAY BAKER COURT GAINESVILLE GA 30506	86-3948612	3	28,600				HEALTH
(8) LADY DUKES SKINNER 7615 HARBOUR WALK CUMMING GA 30041	39-2926543	3	6,000				EDUCATION
(9) LAKE LANIER ASSOCIATION 821 DAWSONVILLE HIGHWAY, SUITE 110 GAINESVILLE GA 30501	58-1264797	3	20,000				ENVIRONMENTAL

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(1) LAKE LANIER OLYMPIC PARK FOUNDATION PO BOX 369 GAINESVILLE GA 30503	58-2094780	3	10,000				ENVIRONMENTAL
(2) LAKE POINT CHURCH P.O. BOX 106 EMERSON GA 30137	45-4607770	3	39,890				RELIGION
(3) LAKEVIEW ACADEMY 796 LAKEVIEW DRIVE GAINESVILLE GA 30501	58-1077096	3	179,100				EDUCATION
(4) LAKEWOOD BAPTIST CHURCH 2235 THOMPSON BRIDGE ROAD GAINESVILLE GA 30501	58-0673190	3	27,500				RELIGION
(5) LANIER CHAMBER SINGERS 3292 THOMPSON BRIDGE RD. SUITE 127 GAINESVILLE GA 30506	58-2100988	3	7,609				ARTS & CULTURE
(6) LEADERSHIP GEORGIA FOUNDATION, INC. 270 PEACHTREE STREET NW, SUITE 2200 ATLANTA GA 30303	58-1329285	3	26,000				EDUCATION
(7) LEADING THE WAY 3585 NORTHSIDE PARKWAY, NW ATLANTA GA 30327	58-1816773	3	11,000				HUMAN SERVICES
(8) LEKOTEK OF GEORGIA INC 1901 MONTREAL RD., SUITE 126 TUCKER GA 30084	58-1535266	3	8,000				EDUCATION
(9) LITTLE MILL MIDDLE SCHOOL 6800 LITTLE MILL ROAD CUMMING GA 30041	58-6000243	3	11,607				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.

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.

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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) LOVE YOUR STORY 3292 THOMPSON BRIDGE ROAD MAIL BOX GAINESVILLE GA 30506	88-2097798	3	117,000				HUMAN SERVICES
(2) MAKE-A-WISH FOUNDATION OF GEORGIA 1775 THE EXCHANGE S.E. SUITE 200 ATLANTA GA 30339	58-2146828	3	15,000				HUMAN SERVICES
(3) MATT ELEMENTARY 7455 WALLACE TATUM ROAD CUMMING GA 30028	58-6000243	3	5,675				EDUCATION
(4) MENTOR ME - NORTH GEORGIA INC. PO BOX 2053 CUMMING GA 30028	26-2202642	3	74,125				EDUCATION
(5) MOMS ADOPTING MOMS 288 RHODES DRIVE ATHENS GA 30606	93-3999932	3	94,137				HUMAN SERVICES
(6) MOSSY CREEK ELEMENTARY SCHOOL 128 HORACE FITZPATRICK DRIVE CLEVELAND GA 30528	58-6000346	GOV	50,000				EDUCATION
(7) MOTHERHOOD BEYOND BARS 1799 BRIARCLIFF ROAD, BOX 15276 ATLANTA GA 30333	83-2001383	3	10,000				HUMAN SERVICES
(8) MY SISTER'S PLACE PO BOX 908492 GAINESVILLE GA 30503	16-1619238	3	48,566				HUMAN SERVICES
(9) NATURE CONSERVANCY 4245 N. FAIRFAX DRIVE, SUITE 100 ARLINGTON VA 22203	53-0242652	3	10,000				ENVIRONMENTAL

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(1) NEW BEGINNINGS INTERNATIONAL SPORTI 2348 LOEFFLER ROAD CHELSEA MI 48118	99-4041417	3	11,000				ANIMAL WELFARE
(2) NORTHEAST GEORGIA HEALTH SYSTEM FOU 2150 LIMESTONE PARKWAY, SUITE 115 GAINESVILLE GA 30501	58-1694820	3	383,058				HEALTH
(3) NORTHEAST GEORGIA HISTORY CENTER PO BOX 1451 GAINESVILLE GA 30503-1451	58-1443900	3	353,224				ARTS & CULTURE
(4) NORTHEAST GEORGIA SPEECH CENTER INC 604 WASHINGTON STREET NW SUITE B2 GAINESVILLE GA 30501	58-1091617	3	6,500				EDUCATION
(5) NORTH FORSYTH HIGH SCHOOL 3635 COAL MOUNTAIN DRIVE CUMMING GA 30028	58-6000243	GOV	15,250				EDUCATION
(6) NORTH FORSYTH MIDDLE SCHOOL 3645 COAL MOUNTAIN DRIVE CUMMING GA 30028	58-6000243	GOV	12,055				EDUCATION
(7) NORTH GA PREGNANCY SERVICES CENTER 353 NORTH GROOVE STREET, SUITE C DAHLONEGA GA 30533	58-2288272	3	11,175				HEALTH
(8) NORTH GEORGIA LAND TRUST INC 200 EE BUTLER PARKWAY GAINESVILLE GA 30501	93-4974640	3	10,000				ENVIRONMENTAL
(9) NORTH GEORGIA WORKS INC. PO BOX 2458 GAINESVILLE GA 30503	82-2428323	3	117,871				HUMAN SERVICES

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Internal Revenue Service

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(1) NORTH HALL CHURCH 4091 MOUNT VERNON RD GAINESVILLE GA 30506	47-2283555	3	15,000				RELIGION
(2) OPEN ARMS CLINIC 109 BIG A ROAD TOCCOA GA 30577	20-3296577	3	20,000				HEALTH
(3) OPERATION WARM, INC. P.O. BOX 822431 PHILADELPHIA PA 19182-2431	38-3663310	3	6,000				HUMAN SERVICES
(4) ORCHARD PO BOX 18577 ATLANTA GA 31126	58-2429274	3	8,000				HUMAN SERVICES
(5) PARK CITY COMMUNITY CHURCH 4501 N. HWY 224 PARK CITY UT 84098	87-0395038	3	25,800				RELIGION
(6) PATH UNITED P O BOX 1087 LOGANVILLE GA 30052	45-3861248	3	24,948				EDUCATION
(7) PAWS HUMANE 4900 MILGEN ROAD COLUMBUS GA 31907	58-2513501	3	9,400				ANIMAL WELFARE
(8) PAY IT FORWARD SCHOLARSHIPS 615 OAK STREET, SUITE A GAINESVILLE GA 30501	27-5096979	3	10,000				EDUCATION
(9) PRISON FELLOWSHIP MINISTRIES PO BOX 1550 MERRIFIELD VA 22116	62-0988294	3	9,000				RELIGION

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(1) QUINLAN VISUAL ARTS CENTER 514 GREEN STREET, NE GAINESVILLE GA 30501	58-6040517	3	27,700				ARTS & CULTURE
(2) RABUN COUNTY FAMILY CONNECTIONS P.O. BOX 1545 CLAYTON GA 30525	58-2060125	3	13,250				HUMAN SERVICES
(3) RABUN COUNTY SCHOOL SYSTEM 963 TIGER CONNECTOR TIGER GA 30576	58-6000308	GOV	9,200				EDUCATION
(4) RABUN GAP - NACOOCHEE SCHOOL 339 NACOOCHEE DRIVE RABUN GAP GA 30568	58-0593430	3	6,324				EDUCATION
(5) RAPE RESPONSE, INC. D/B/A BRIDGING 615 OAK STREET GAINESVILLE GA 30501	58-1788134	3	23,850				HUMAN SERVICES
(6) REACH GEORGIA FOUNDATION 2082 EAST EXCHANGE PLACE TUCKER GA 30084	47-3727250	3	9,000				EDUCATION
(7) REAL CLEAR MEDIA FUND 666 DUNDEE RD BLDG 600 NORTHBROOK IL 60062	20-1382746	3	10,000				EDUCATION
(8) RELIANT MISSION 11002 LAKE HART DR SUITE 100 ORLANDO FL 32832	52-1707002	3	10,750				RELIGION
(9) RESTORE 5-10 FOUNDATION INC. P.O. BOX 908076 GAINESVILLE GA 30501	87-4151347	3	15,000				HUMAN SERVICES

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(1) ROATAN HORIZONS INC P.O. BOX 7384 MOORE OK 73153	47-4719458	3	6,000				EDUCATION
(2) ROUND TOP FILM FESTIVAL 1730 WOLFF ROAD ROUND TOP TX 78954	99-1497369	3	10,000				ARTS & CULTURE
(3) SAINT BRIGID CATHOLIC CHURCH JOHNS 3400 OLD ALABAMA ROAD ALPHARETTA GA 30022-5525	58-2414769	3	33,000				RELIGION
(4) SAMARITAN'S PURSE PO BOX 3000 BOONE NC 28607	58-1437002	3	26,500				HUMAN SERVICES
(5) SAMFORD UNIVERSITY 800 LAKESHORE DRIVE BIRMINGHAM AL 35229	63-0312914	3	5,500				EDUCATION
(6) SAUTEE NACOOCHEE COMMUNITY ASSOCIAT 283 HIGHWAY 255 N. P.O. BOX 460 SAUTEE NACOOCHEE GA 30571	58-1655784	3	215,577				ARTS & CULTURE
(7) SAWNEE BALLET THEATRE INC. 543 LAKE CENTER PKWY CUMMING GA 30040	58-2006008	3	10,000				ARTS & CULTURE
(8) SAWNEE ELEMENTARY SCHOOL 1616 CANTON HWY. CUMMING GA 30040	58-6000243	GOV	6,875				EDUCATION
(9) SEED SONG CENTER INC. 64 GILL STREET KINGSTON NY 12401	54-2154717	3	10,000				HUMAN SERVICES

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(1) SETTLES BRIDGE ELEMENTARY 600 JAMES BURGESS ROAD SUWANEE GA 30024	58-6000243	GOV	5,175				EDUCATION
(2) SEWANEE: UNIVERSITY OF THE SOUTH 735 UNIVERSITY AVENUE SEWANEE TN 37383	62-0475697	3	20,000				EDUCATION
(3) SHARING GODS LIGHT INC 4668 QUAILWOOD DRIVE FLOWERY BRANCH GA 30542	04-3624275	3	11,500				HUMAN SERVICES
(4) SHEPHERD CENTER FOUNDATION 2020 PEACHTREE ROAD, NW ATLANTA GA 30309	20-1238224	3	23,950				HEALTH
(5) SID WEBER MEMORIAL CANCER FUND PO BOX 485 RABUN GAP GA 30568	20-2394931	3	53,000				HEALTH
(6) SILVER CITY ELEMENTARY 6200 DAHLONEGA HWY. CUMMING GA 30028	58-6000243	GOV	15,119				EDUCATION
(7) SISU OF GEORGIA 2360 MURPHY BLVD GAINESVILLE GA 30504	58-1622732	3	37,352				EDUCATION
(8) SOCIETY OF ST. VINCENT DE PAUL 1240 BIRCH RIVER DRIVE DAHLONEGA GA 30533	58-0967972	3	13,000				HUMAN SERVICES
(9) SOUTHEASTERN YOUNG ARTISTS INC. 3102 CENTURION DRIVE GAINESVILLE GA 30506	88-3366645	3	10,000				ARTS & CULTURE

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(1) SOUTH FORSYTH MIDDLE SCHOOL 4670 WINDERMERE PARKWAY CUMMING GA 30041	58-6000243	GOV	9,000				EDUCATION
(2) SPECIAL OPERATION CARE FUND INC 4279 ROSWELL RD NE STE 204 # 313 ATLANTA GA 30342	46-3326489	3	7,000				HUMAN SERVICES
(3) STATE BOTANICAL GARDEN OF GEORGIA 2450 S. MILLEDGE AVENUE ATHENS GA 30605	58-6033837	3	10,000				ENVIRONMENTAL
(4) ST. JUDE CHILDREN'S RESEARCH HOSPIT 501 ST. JUDE PLACE MEMPHIS TN 38105	62-0646012	3	12,150				HEALTH
(5) ST. PHILLIP AME CHURCH 2972 MEDINAH COURT TALLAHASSEE FL 32312	83-1502384	3	10,000				RELIGION
(6) STRAIGHT STREET REVOLUTION MINISTRI PO BOX 6203 GAINESVILLE GA 30504	27-3193902	3	8,500				HUMAN SERVICES
(7) SURGIPET C/O PATTERSON FOUNDATION 4977 LANIER ISLANDS PARKWAY SUITE 1 BUFORD GA 30518	84-4493094	3	6,291				ANIMAL WELFARE
(8) THE ANSLEY SCHOOL 120 RALPH MCGILL BLVD. N.E. BUILDIN ATLANTA GA 30308	82-3440705	3	10,000				ARTS & CULTURE
(9) THE ARK FAMILY PRESERVATION CENTER P.O. BOX 158 FRANKLIN SPRINGS GA 30639	46-3248788	3	25,000				HUMAN SERVICES

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(1) THE ARTS COUNCIL, INC. 331 SPRING STREET SW GAINESVILLE GA 30501	58-1163155	3	10,250				ARTS & CULTURE
(2) THEATRE WINTER HAVEN, INC. 210 CYPRESS GARDENS BLVD. SW WINTER HAVEN FL 33880-4310	59-1950683	3	10,000				ARTS & CULTURE
(3) THE CHILDREN'S CENTER FOR HOPE AND PO BOX 907401 GAINESVILLE GA 30501	58-1718580	3	16,942				HUMAN SERVICES
(4) THE CHILDREN'S CENTER FOR HOPE AND 226 MAIN STREET SW GAINESVILLE GA 30501	58-1718580	3	24,000				HUMAN SERVICES
(5) THE CLEVELAND CARE CENTER 105 N. MAIN STREET CLEVELAND GA 30528	45-4308989	3	55,000				HUMAN SERVICES
(6) THE HAMBIDGE CENTER FOR THE CREATIV PO BOX 339 RABUN GAP GA 30568	58-6001278	3	244,649				ARTS & CULTURE
(7) THE J.W. FANNING INSTITUTE FOR LEAD 1240 S. LUMPKIN STREET ATHENS GA 30602	58-6001998	3	10,000				EDUCATION
(8) THE LEADERSHIP INSTITUTE 1101 N. HIGHLAND STREET ARLINGTON VA 22201	51-0235174	3	10,500				EDUCATION
(9) THE PLACE, INC. 2550 THE PLACE CIRCLE CUMMING GA 30040	58-2355072	3	15,000				HUMAN SERVICES

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(1) THERES HOPE FOR THE HUNGRY 2100 PEACHTREE PKWY. CUMMING GA 30041	46-1703091	3	10,000				HUMAN SERVICES
(2) THE SALVATION ARMY - GAINESVILLE GRANTS HANDLING 681 DORSEY STREET GAINESVILLE GA 30501	58-0660607	3	25,850				HUMAN SERVICES
(3) THE TORCH WORSHIP CENTER 800 CANNON BRIDGE ROAD DEMOREST GA 30535	58-1552932	3	30,000				RELIGION
(4) THE WESTMINSTER SCHOOLS 1424 WEST PACES FERRY ROAD, NW ATLANTA GA 30327	58-0566206	3	6,980				EDUCATION
(5) TRINITY SCHOOL OFFICE OF ADVANCEMENT 4301 NORTHSID ATLANTA GA 30327	58-1197585	3	13,000				EDUCATION
(6) UGA FOUNDATION 1 PRESS PLACE, SUITE 101 ATHENS GA 30601	58-6033837	3	20,000				EDUCATION
(7) UNION COUNTY SENIOR CENTER 95 SENIOR CENTER DRIVE BLAIRSVILLE GA 30512	51-0623337	3	5,460				HUMAN SERVICES
(8) UNITED CEREBRAL PALSY OF GEORGIA 3300 NORTHEAST EXPY., NE, BLDG. 9 ATLANTA GA 30341	58-0976462	3	10,000				HEALTH
(9) UNITED WAY OF FORSYTH COUNTY PO BOX 1350 CUMMING GA 30028	58-1925396	3	49,139				HUMAN SERVICES

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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) UNITED WAY OF HALL COUNTY 527 OAK STREET GAINESVILLE GA 30501	58-6011393	3	180,142				HUMAN SERVICES
(2) UNIVERSITY OF GEORGIA HOLMES-HUNTER ACADEMIC BUILDING ROO ATHENS GA 30602-6114	58-6001998	3	5,500				EDUCATION
(3) UNIVERSITY OF NORTH GEORGIA 82 COLLEGE CIRCLE DAHLONEGA GA 30597	23-7066297	3	11,500				EDUCATION
(4) UNIVERSITY OF NORTH GEORGIA FOUNDAT PO BOX 1599 DAHLONEGA GA 30533	23-7066297	3	38,000				EDUCATION
(5) UNIVERSITY OF SOUTHERN MISSISSIPPI 118 COLLEGE DR # 5017 HATTIESBURG MS 39406-0002	64-0929171	3	10,000				EDUCATION
(6) UNIVERSITY OF WEST GEORGIA 1601 MAPLE STREET CARROLLTON GA 30118-4400	58-6056464	3	12,500				EDUCATION
(7) UNIVERSITY SYSTEM OF GEORGIA FOUNDA 270 WASHINGTON STREET S.W. # 7002 ATLANTA GA 30334	58-6333106	3	25,000				EDUCATION
(8) UYC MARITIME FOUNDATION INC 6649 YACHT CLUB ROAD FLOWERY BRANCH GA 30542	20-4154426	3	11,547				EDUCATION
(9) VERSE BY VERSE MINISTRY INTERNATION P.O. BOX 702107 SAN ANTONIO TX 78270	26-4106725	3	10,000				RELIGION

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

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

SCHEDULE I (Form 990)

(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) WALNUT FORK BAPTIST CHURCH WALNUT FORK PRESCHOOL 557 HIGHWAY 6 HOSCHTON GA 30548	58-1276096	3	28,200				RELIGION
(2) WASHBURN SCHOOL INC P.O. BOX 801111 COTO LAUREL PR 00780	66-0624013	3	54,778				EDUCATION
(3) WASHINGTON UNIVERSITY IN ST. LOUIS 7425 FORSYTH BLVD. CAMPUS BOX 1202 SAINT LOUIS MO 63105	43-0653611	3	15,000				EDUCATION
(4) WELLROOT FAMILY SERVICES 1967 LAKESIDE PARKWAY SUITE 400 TUCKER GA 30084	58-0632081	3	18,903				HUMAN SERVICES
(5) WESLEYAN SCHOOL 5405 SPALDING DRIVE PEACHTREE CORNERS GA 30092	58-2147411	3	27,300				EDUCATION
(6) WESTMINSTER CHURCH, PCA 1397 THOMPSON BRIDGE ROAD GAINESVILLE GA 30501	58-1554288	3	17,000				RELIGION
(7) WHISPERING ANGELS YOUTH RANCH, INC. 4549 CLARKS BRIDGE ROAD GAINESVILLE GA 30506	47-1406367	3	20,800				HUMAN SERVICES
(8) WHITE COUNTY MIDDLE SCHOOL 283 OLD BLAIRSVILLE RD. CLEVELAND GA 30528	58-6000346	GOV	50,000				EDUCATION
(9) WHITLOW ELEMENTARY SCHOOL 3655 CASTLEBERRY ROAD CUMMING GA 30040	58-6000243	GOV	7,650				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) YOUNG HARRIS COLLEGE PO BOX 275 YOUNG HARRIS GA 30582	58-0593414	3	32,500				EDUCATION
(2) YOUNG LIFE OF GAINESVILLE/HALL COUN PO BOX 1660 GAINESVILLE GA 30503	84-0385934	3	5,550				HUMAN SERVICES
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

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

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

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**	**333**	**839,442**			
2						
3						
4						
5						
6						
7						

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

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

SCHEDULE I (Form 990)	Supplemental Information For calendar year 2025, or tax year beginning , and ending	2025

Name of the organization	Employer identification number
NORTH GEORGIA COMMUNITY FOUNDATION, INC.	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 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 OFFICIAL STATUS IN THAT CATEGORY.

SCHEDULE I (Form 990)	Supplemental Information For calendar year 2025, or tax year beginning , and ending	2025

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

*NGCF WILL CONSIDER EXCEPTIONS TO THE ABOVE ON A CASE-BY-CASE BASIS, TAKING INTO ACCOUNT THE ADDITIONAL DOCUMENTATION THAT IS REQUIRED.
*GRANTS WILL NOT BE MADE TO SPECIFIC INDIVIDUALS AND GENERALLY NOT TO FOREIGN CHARITIES.
ANALYSIS
*ONCE THE PERTINENT MATERIALS HAVE BEEN RECEIVED, THEN NGCF WILL REVIEW THESE MATERIALS AND DETERMINE WHETHER THE PROSPECTIVE GRANTEE QUALIFIES FOR A GRANT DISTRIBUTION.
*IF THE NGCF DUE DILIGENCE INVESTIGATION DETERMINES THAT THE PROSPECTIVE GRANTEE QUALIFIES FOR A GRANT DISTRIBUTION, THEN THE GRANT MAY MOVE FORWARD IN THE GRANT AWARD PROCESS.
*IF THE NGCF DUE DILIGENCE INVESTIGATION DETERMINES THAT MORE INFORMATION IS NEEDED BEYOND THE SCOPE OF DUE DILIGENCE INFORMATION PRESCRIBED IN THIS POLICY, THEN NGCF SHALL REQUEST THAT SPECIFIC INFORMATION AND, UPON RECEIVING IT, SHALL REASSESS WHETHER THE PROSPECTIVE GRANTEE QUALIFIES FOR A GRANT DISTRIBUTION.
*IF THE NGCF DUE DILIGENCE INVESTIGATION DETERMINES THAT THE PROSPECTIVE GRANTEE DOES NOT QUALIFY FOR A GRANT DISTRIBUTION, THEN NGCF SHALL INFORM THE PROSPECTIVE GRANTEE, AND IF APPLICABLE, THE DONOR ADVISOR TO THE FUND MAKING THE GRANT, OF THIS DECISION AND THE APPLICATION, DESIGNATION, OR NOMINATION SHALL BE CONSIDERED REJECTED.
PRIOR DATA: FOR NONPROFIT, CHARITABLE, EDUCATIONAL, RELIGIOUS, OR PUBLIC ORGANIZATIONS INFORMATION PROVIDED WITHIN THREE YEARS OF CURRENT CONSIDERATION MAY BE CONSIDERED SUFFICIENT BY NGCF STAFF. IF INFORMATION ON FILE INDICATES AN ADVANCED RULING FOR SECTION 501(C)(3) STATUS, THEN 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.
THE NORTH GEORGIA COMMUNITY FOUNDATION DOES NOT MAKE GRANTS TO SUPPORTING ORGANIZATIONS THAT ARE DETERMINED TO BE A TYPE III NON-FUNCTIONALLY

SCHEDULE I (Form 990)	Supplemental Information For calendar year 2025, or tax year beginning , and ending	2025

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NORTH GEORGIA COMMUNITY FOUNDATION, INC.	58-1610318

INTEGRATED 509(A)(3) SUPPORTING ORGANIZATION. IN ADDITION, IT DOES NOT MAKE GRANTS TO ANY TYPE OF 509(A)(3) SUPPORTING ORGANIZATION DETERMINED TO BE CONTROLLED BY ONE OR MORE DONOR ADVISORS (AND ANY RELATED PARTIES) TO A DONOR ADVISED FUND. THE FOLLOWING DEFINITIONS DESCRIBE THE RELEVANT TERMINOLOGY:
A. TYPE I: BY FAR THE MOST COMMON, IS OFTEN DESCRIBED AS A PARENT-SUBSIDIARY RELATIONSHIP AND GENERALLY INVOLVES THE CHARITY APPOINTING A MAJORITY OF THE BOARD OF THE SUPPORTING ORGANIZATION.
B. TYPE II: THE LEAST COMMON OF THE THREE, THERE IS USUALLY AN OVERLAPPING BOARD RELATIONSHIP WHERE AT LEAST A MAJORITY OF THE MEMBERS OF THE SUPPORTING ORGANIZATION BOARD ARE ALSO MEMBERS OF THE SUPPORTED CHARITY'S BOARD.
C. TYPE III: THESE OPERATE WITH A GREATER DEGREE OF INDEPENDENCE FROM THE ORGANIZATION THEY SUPPORT. TYPICALLY THE SUPPORTED ORGANIZATION APPOINTS ONE MEMBER OF THE GOVERNING BOARD OF THE SUPPORTING ORGANIZATION AND INSTITUTES OTHER PROCEDURES DESIGNED TO ENSURE THAT THE SUPPORTING ORGANIZATION IS RESPONSIVE TO IT. TYPE III SUPPORTING ORGANIZATIONS MAY PROVIDE FINANCIAL SUPPORT TO THEIR SUPPORTED ORGANIZATION OR THEY MAY DIRECTLY CARRY OUT A PROGRAM OR FUNCTION FOR IT.
D. FUNCTIONALLY INTEGRATED: THE SUPPORTING ORGANIZATION IS AN "INTEGRAL PART" OF THE ORGANIZATION(S) IT SUPPORTS. THE SUPPORTING ORGANIZATION PERFORMS THE FUNCTIONS OF OR CARRIES OUT THE PURPOSES OF THE SUPPORTED ORGANIZATION AND, BUT FOR THE SUPPORTING ORGANIZATION, THE SUPPORTED ORGANIZATION WOULD NORMALLY ENGAGE IN THOSE ACTIVITIES DIRECTLY.
E. CONTROL BY ONE OR MORE DISQUALIFIED PERSONS: A SUPPORTING OR SUPPORTED ORGANIZATION IS CONTROLLED BY ONE OR MORE DISQUALIFIED PERSONS [COMMUNITY FOUNDATION DONOR ADVISOR(S)] IF ANY SUCH PERSONS BY AGGREGATING THEIR VOTES OR POSITIONS OF AUTHORITY, COULD REQUIRE THE SUPPORTING OR SUPPORTED ORGANIZATION TO MAKE AN EXPENDITURE, OR PREVENT THE SUPPORTING OR SUPPORTED ORGANIZATION FROM MAKING AN EXPENDITURE, REGARDLESS OF THE METHOD BY WHICH THE CONTROL IS EXERCISED OR EXERCISABLE.
WHEN A DONOR RECOMMENDS A GRANT TO A 509(A)(3) SUPPORTING ORGANIZATION, THE FOLLOWING STEPS MUST BE TAKEN BEFORE THE GRANT IS APPROVED AND PAID:
I. DETERMINATION OF TYPE OF SUPPORTING ORGANIZATION
1. PROGRAM/DONOR SERVICES STAFF WILL OBTAIN THE FOLLOWING DOCUMENTATION FROM THE ORGANIZATION FOR WHICH A GRANT IS RECOMMENDED:
A. A REASONED WRITTEN OPINION OF THEIR LEGAL COUNSEL CONCLUDING THAT THE ORGANIZATION IS A TYPE I, TYPE II, OR FUNCTIONALLY INTEGRATED TYPE III SUPPORTING ORGANIZATION. THE LETTER SHOULD STIPULATE THAT COUNSEL HAS REVIEWED THE ORGANIZATION'S GOVERNING INSTRUMENTS AND SHOULD STATE THE REASONS FOR THEIR CONCLUSIONS INCLUDING REFERENCE TO APPROPRIATE SECTIONS OF THE PENSION PROTECTION ACT OF 2006.
2. THE PROGRAM/DONOR SERVICES STAFF WILL REVIEW THE OPINION LETTER FOR APPROVAL, AND WILL DOCUMENT IN WRITING ON THE OPINION LETTER TODAY'S DATE, INITIALS, AND THE APPROVED TYPE STATUS AND WILL PROCEED TO STEP II (A).
3. THE OPINION LETTER WILL BE SCANNED AND STORED IN THE "CHARITABLE STATUS" DOCUMENTATION FILE LOCATED UNDER THE GRANTMAKING FOLDER IN NGCF'S ELECTRONIC DOCUMENTS LIBRARY - THE DATE OF EXPIRATION WILL BE PART OF ITS TITLE.
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

SCHEDULE I (Form 990)	Supplemental Information For calendar year 2025, or tax year beginning , and ending	2025

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

AN ADDITIONAL GRANT, THE ORGANIZATION WILL BE ASKED TO RESUBMIT A COPY OF THE LETTER AND TO STIPULATE THAT THERE HAVE BEEN NO CHANGES TO THEIR LEGAL STRUCTURE THAT WOULD AFFECT THE LEGAL OPINION.
II. DETERMINATION OF CONTROL BY DISQUALIFIED PERSON(S)
1. FOR EACH NEW GRANT RECOMMENDATION THE PROGRAM/DONOR SERVICES STAFF MUST ALSO OBTAIN A LIST OF THE MEMBERS OF THE BOARD OF DIRECTORS OF BOTH THE SUPPORTING ORGANIZATION AND A LIST OF THE ORGANIZATION(S) IT SUPPORTS AND OF THE MEMBERS OF THEIR BOARD(S) OF DIRECTORS.
A. BOARD LISTS RECEIVED FROM THE ORGANIZATION WITHIN THE PAST YEAR MAY BE USED TO MEET THIS REQUIREMENT FOR ANY ADDITIONAL GRANTS RECOMMENDED TO THE ORGANIZATION.
2. ONCE ORGANIZATION TYPE STATUS HAS BEEN APPROVED, STAFF WILL:
A. SEND A COPY OF ALL BOARD LISTS TO THE DONOR WHO RECOMMENDED THE GRANT ALONG WITH A FORM TO SIGN STATING WHETHER OR NOT A DISQUALIFIED PERSON(S) CONTROLS ANY OF THE ORGANIZATION. (THIS STEP IS WAIVED IF THE DONOR HAS SIGNED A FORM RELATED TO THE ORGANIZATION WITHIN THE PAST YEAR.)
3. THE ORIGINAL BOARD LIST(S) WILL BE SCANNED AND STORED IN THE "CHARITABLE STATUS" DOCUMENTATION FILE LOCATED UNDER THE GRANTMAKING FOLDER IN NGCF'S ELECTRONIC DOCUMENTS LIBRARY - THE DATE OF EXPIRATION WILL BE PART OF ITS TITLE.
4. ONCE THE DONOR RETURNS THE SIGNED FORM INDICATING THERE IS NO CONTROL, THE PROGRAM/DONOR SERVICES STAFF WILL FORWARD THE GRANT RECOMMENDATION TO THE FINANCIAL ADMINISTRATOR FOR PAYMENT PROCESSING.
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

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

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

Employer identification number **58-1610318**

Part I Questions Regarding Compensation

		Yes	No
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.		
	☐ First-class or charter travel		
	☐ Travel for companions		
	☐ Tax indemnification and gross-up payments		
	☐ Discretionary spending account		
	☐ Housing allowance or residence for personal use		
	☐ Payments for business use of personal residence		
	☐ Health or social club dues or initiation fees		
	☐ 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 **1b**		
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? **2**		
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.		
	☐ Compensation committee		
	☒ Independent compensation consultant		
	☒ Form 990 of other organizations		
	☐ Written employment contract		
	☒ Compensation survey or study		
	☒ 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? **4a**		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement? **4c**		X
	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? **5a**		X
b	Any related organization? **5b**		X
	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? **6a**		X
b	Any related organization? **6b**		X
	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 **7**		X
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 **8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **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)	224,500	34,975	0	13,590	15,161	288,226	0
		(ii)	0	0	0	0	0	0	0
2	**LISA WARWICK** **SENIOR VP FINANCE**	(i)	137,976	18,798	0	8,279	15,135	180,188	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)							

Part III Supplemental Information

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2025

Open to Public Inspection

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

Employer identification number **58-1610318**

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities — Publicly traded	X	381	38,039,888	FAIR MARKET VALUE
10	Securities — Closely held stock				
11	Securities — Partnership, LLC, or trust interests				
12	Securities — Miscellaneous				
13	Qualified conservation contribution — Historic structures				
14	Qualified conservation contribution — Other				
15	Real estate — Residential				
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS
NGCF USES BROKERS TO PROCESS GIFTS OF STOCK AND MUTUAL FUNDS. NGCF HAS RELATIONSHIPS WITH WELLS FARGO, MERRILL LYNCH, MORGAN STANLEY, RAYMOND JAMES, EDWARD JONES, AMERIPRISE,SCHWAB, STIFEL, AND PERSHING.

SCHEDULE O (Form 990)
(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

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, 2025

Date Due: November 16, 2026

Remittance: None is required. Your Form 990-T for the tax year ended 12/31/2025 shows a total overpayment of $600, all of which is to be credited to your estimated tax liability for the coming year.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-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 2025 or other tax year beginning . . . . . , **and ending** . . . . . .

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

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

OMB No. 1545-0047

2025

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

A ☐ Check box if address changed.

B Exempt under section

☒ 501(**C**) (**3**)
☐ 408(e) ☐ 220(e)
☐ 408A ☐ 530(a)
☐ 529(a) ☐ 529A

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

D Employer identification number
58-1610318

Number and street. If a P.O. box, see instructions.
340 JESSE JEWELL PKWY. SE

Room or suite no.

E Group exemption number (see instructions)

City or town: **GAINESVILLE** | State or province: **GA** | Country: | ZIP or foreign postal code: **30501**

F ☐ Check box if an amended return.

C Book value of all assets at end of year **182,111,364**

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

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

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

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

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

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

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	15,150
2	Reserved for future use	2	
3	Add lines 1 and 2	3	15,150
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	15,150
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	15,150
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	14,150

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11, by 21% (0.21)	1	2,972
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: ☐ Tax rate schedule or ☐ 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	2,972

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	2,972
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). ☐ Check if includes tax previously deferred under section 1294. Enter tax amount here			4	2,972

Part III Tax and Payments *(continued)*

5a	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5a	
b	First installment of section 1062 applicable net tax liability. Enter amount from Form 1062, line 15			5b	
6a	Payments: Preceding year's overpayment credited to the current year	6a			
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b	3,581		
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			
k	Section 1062 applicable net tax liability. Enter amount from Form 1062, line 14	6k			
7	**Total payments and section 1062 applicable net tax liability.** Add lines 6a through 6k			7	3,581
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached ☒			8	9
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5a, 5b, and 8, enter amount owed			9	0
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5a, 5b, and 8, enter amount overpaid			10	600
11	Enter the amount of line 10 you want: **Credited to 2026 estimated tax** 600 **Refunded**			11	
	For Refunded amount, also complete and attach Form 8050. See instructions.				

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

		Yes	No
1	At any time during the 2025 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from or was it the grantor of or transferor to a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
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.

Signature of officer	Date	Title
		PRESIDENT-CEO

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

Paid Preparer Use Only

Enter preparer's name	Preparer's signature	Date	Check ☐ 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)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

2025

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 **19,673**				
b Less returns and allowances **c** Balance	**1c**	**19,673**		
2 Cost of goods sold (Part III, line 8)	**2**			
3 Gross profit. Subtract line 2 from line 1c	**3**	**19,673**		**19,673**
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**	**19,673**		**19,673**

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**	**2,760**
3 Repairs and maintenance			**3**	
4 Bad debts			**4**	
5 Interest (attach statement). See instructions			**5**	
6 Taxes and licenses			**6**	**211**
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**	**166**
12 Excess exempt expenses (Part VIII)			**12**	
13 Excess readership costs (Part IX)			**13**	
14 Other deductions (attach statement) **SEE STATEMENT 1**			**14**	**1,386**
15 **Total deductions.** Add lines 1 through 14			**15**	**4,523**
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			**16**	**15,150**
17 Deduction for net operating loss. See instructions			**17**	
18 **Unrelated business taxable income.** Subtract line 17 from line 16			**18**	**15,150**

For Paperwork Reduction Act Notice, see instructions. **Schedule A (Form 990-T) 2025**

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?	☐ Yes	☐ No

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

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

A ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

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

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

4 Deductions directly connected with the income in lines 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 ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

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

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

9 Allocable deductions. Multiply line 3c by line 6				

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

11 **Total dividends — received deductions** included in line 10 _____

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled 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 ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

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)

Federal Statements

Unrelated Business Activity

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

Deduction Description	Deduction Amount
OFFICE SUPPLIES	$ 75
COMPUTER MAINT	879
OTHER FACILITIES COST	272
UTILITIES	160
TOTAL	$ 1,386

FORM 990-T

Form **2220**

Department of the Treasury
Internal Revenue Service

Underpayment of Estimated Tax by Corporations

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

OMB No. 1545-0123

2025

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

Employer identification number **58-1610318**

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

Part I Required Annual Payment

1	Total tax (see instructions)			1	2,972
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a			
b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b			
c	Credit for federal tax paid on fuels (see instructions)	2c			
d	**Total.** Add lines 2a through 2c			2d	
3	Subtract line 2d from line 1. If the result is less than $500, **do not** complete or file this form. The corporation does not owe the penalty			3	2,972
4	Enter the tax shown on the corporation's 2024 income tax return. See instructions. **Caution:** If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5			4	3,581
5	**Required annual payment.** Enter the **smaller** of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3			5	2,972

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

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

Part III Figuring the Underpayment

			(a)	(b)	(c)	(d)
9	**Installment due dates.** Enter in columns (a) through (d) the 15th day of the 4th (*Form 990-PF filers:* Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	04/15/25	06/15/25	09/15/25	12/15/25
10	**Required installments.** If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	743	743	743	743
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11			2,686	895
	Complete lines 12 through 18 of one column before going to the next column.					
12	Enter amount, if any, from line 18 of the preceding column	12				457
13	Add lines 11 and 12	13			2,686	1,352
14	Add amounts on lines 16 and 17 of the preceding column	14		743	1,486	
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	0	0	1,200	1,352
16	If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		743	0	
17	**Underpayment.** If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	743	743	0	0
18	**Overpayment.** If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18			457	

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

Part IV Figuring the Penalty

		(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. *(C corporations with tax years ending June 30 and S corporations:* Use 3rd month instead of 4th month. *Form 990-PF and Form 990-T filers:* Use 5th month instead of 4th month.) See instructions	**19**	**SEE WORKSHEET**			
20 Number of days from due date of installment on line 9 to the date shown on line 19	**20**				
21 Number of days on line 20 after 4/15/2025 and before 7/1/2025	**21**				
22 Underpayment on line 17 x Number of days on line 21 / 365 x 7% (0.07)	**22**	$	$	$	$
23 Number of days on line 20 after 6/30/2025 and before 10/1/2025	**23**				
24 Underpayment on line 17 x Number of days on line 23 / 365 x 7% (0.07)	**24**	$	$	$	$
25 Number of days on line 20 after 9/30/2025 and before 1/1/2026	**25**				
26 Underpayment on line 17 x Number of days on line 25 / 365 x 7% (0.07)	**26**	$	$	$	$
27 Number of days on line 20 after 12/31/2025 and before 4/1/2026	**27**				
28 Underpayment on line 17 x Number of days on line 27 / 365 x 7% (0.07)	**28**	$	$	$	$
29 Number of days on line 20 after 3/31/2026 and before 7/1/2026	**29**				
30 Underpayment on line 17 x Number of days on line 29 / 365 x *%	**30**	$	$	$	$
31 Number of days on line 20 after 6/30/2026 and before 10/1/2026	**31**				
32 Underpayment on line 17 x Number of days on line 31 / 365 x *%	**32**	$	$	$	$
33 Number of days on line 20 after 9/30/2026 and before 1/1/2027	**33**				
34 Underpayment on line 17 x Number of days on line 33 / 365 x *%	**34**	$	$	$	$
35 Number of days on line 20 after 12/31/2026 and before 3/16/2027	**35**				
36 Underpayment on line 17 x Number of days on line 35 / 365 x *%	**36**	$	$	$	$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	**37**	$	$	$	$

38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns **38** $ **9**

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

Form 2220 Worksheet

Form **2220**

For calendar year 2025, or tax year beginning , and ending

2025

Name
NORTH GEORGIA COMMUNITY FOUNDATION, INC.

Employer Identification Number
58-1610318

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	04/15/25	06/15/25	09/15/25	12/15/25
Amount of underpayment	743	743		
Prior year overpayment applied				

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment		06/16/25	09/15/25	12/15/25	
Amount of payment		1,791	895	895	

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PENALTY
1	4/15/25	6/16/25	743	62	7.00	9
2	6/15/25	6/16/25	743	1	7.00	0
	TOTAL PENALTY					9

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

2025

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
NORTH GEORGIA COMMUNITY FOUNDATION, INC.	**INDIRECT DEPRECIATION**	**58-1610318**

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	2,500,000
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	4,000,000
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 2024 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 2026. 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 2025	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 2025 Tax Year Using the General Depreciation System

	(a) Classification of property (see instructions)	(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	50-year property			50 yrs.	MM	S/L	
i	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
j	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C— Assets Placed in Service During 2025 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	
e	50-year			50 yrs.	MM	S/L	

THERE ARE NO AMOUNTS FOR PAGE 3

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**
23a	For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to interest costs capitalized under section 263A(f)	**23a**	
b	For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to costs capitalized under section 263A other than interest costs capitalized under section 263A(f)	**23b**	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a	Do you have evidence to support the business/investment use claimed?	☐ **Yes**	☐ **No**
b	If "Yes," is the evidence written?	☐ **Yes**	☐ **No**
c	Do you own, lease, or charter an aircraft? Check all that apply. See instructions	☐ **Own**	☐ **Lease** ☐ **Charter**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions						**25**		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
27 Property used 50% or less in a qualified business use :								
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21						**28**		
29 Add amounts in column (i), line 26. Enter here and on line 7							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**don't** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
15	LAND - 611 OAK ST	3/26/2001	94,292				94,292	0	--	Land	0	0
16	LAND - 615 OAK ST	3/26/2001	142,046				142,046	0	--	Land	0	0
17	BUILDING - 615 A-E OAK ST PURCHAS	3/26/2001	486,905				486,905	40	MO	S/L	289,100	12,173
18	615 F OAK ST IMPROVEMENTS	12/14/2001	559,877				559,877	40	MO	S/L	323,096	13,997
24	GRADING - 615 OAK ST	12/14/2001	3,770				3,770	15	MO	S/L	3,770	0
25	LANDSCAPING - 615 OAK ST	12/14/2001	21,372				21,372	15	MO	S/L	21,372	0
27	DEMOLITION - 615 OAK ST	12/14/2001	6,500				6,500	0	--	Memo	0	0
28	BUILDING - 615 F OAK ST PURCHASE	3/26/2001	103,999				103,999	40	MO	S/L	61,750	2,600
29	615 A-E OAK ST IMPROVEMENTS	12/14/2001	26,695				26,695	40	MO	S/L	15,405	668
50	LAND - LAKE RABUN PAVILION	8/10/2005	331,352				331,352	0	--	Land	0	0
51	PAVILION - LAKE RABUN	12/01/2006	700,964				700,964	40	MO	S/L	316,894	17,524
58	BURGLAR AND FIRE ALARM SYSTEM	2/13/2008	1,456				1,456	40	MO	S/L	616	36
64	UPPER PARKING LOT DRAINAGE PRC	10/27/2008	9,325				9,325	15	MO	S/L	9,325	0
65	PATH TO OVERFLOW PARKING LOT I	10/09/2008	8,800				8,800	15	MO	S/L	8,800	0
66	PRESSURE GROUTING/FLOOR LEVEL	12/08/2008	15,850				15,850	40	MO	S/L	6,373	396
73	CARRIER 2 TON HEAT PUMP - SUITE A	3/01/2013	0				0	0	HY		0	0
74	CARRIER 3 TON HEAT PUMP - SUITE C	3/01/2013	0				0	0	HY		0	0
76	CARRIER 3 TON A/C UNIT - SUITE 700	10/08/2013	0				0	0	HY		0	0
77	LANDSCAPING PRIVACY SCREEN	11/11/2013	0				0	0	HY		0	0
83	WATER HEATER - SUITE C	9/30/2015	0				0	0	HY		0	0
84	CARRIER 2 TON AIR HANDLING UNIT	5/26/2015	0				0	0	HY		0	0
87	75" SAMSUNG LED FLAT SCREEN SM/	12/08/2015	0				0	0	HY		0	0
	Sold/Scrapped: 12/31/2025											
88	55" SAMSUNG LED FLAT SCREEN SM/	12/08/2015	0				0	0	HY		0	0
	Sold/Scrapped: 12/31/2025											
89	55" SAMSUNG LED FLAT SCREEN SM/	12/08/2015	0				0	0	HY		0	0
	Sold/Scrapped: 12/31/2025											
95	2017 RENOVATION PROJECT	12/04/2017	0				0	0	HY		0	0
96	PARKING LOT PAVING	12/04/2017	0				0	0	HY		0	0
97	WHIRLPOOL FRENCH DOOR REFRIGE	12/04/2017	0				0	0	HY		0	0
98	BROWN SOFA	1/18/2017	0				0	0	HY		0	0
99	55" SAMSUNG SMART TV	10/03/2017	0				0	0	HY		0	0
	Sold/Scrapped: 12/31/2025											
101	CLEARVIEW CAMERA SYSTEM WITH	12/12/2017	0				0	0	HY		0	0
102	3 TON 14 SEER BRYANT HEAT PUMP	2/05/2018	0				0	0	HY		0	0
103	CARDIAC SCIENCE G3 DIFIB. WITH B/	4/10/2018	0				0	0	HY		0	0
104	PAXTON ACCESS CONTROL AND PA	10/31/2018	0				0	0	HY		0	0
105	DUMPSTER PRIVACY FENCE	11/30/2018	0				0	0	HY		0	0
106	CONCRETE DRIVEWAY IMPROVEME	11/30/2018	0				0	0	HY		0	0
107	Website Design	4/01/2018	0				0	0	HY		0	0
108	DELL POWEREDGE SERVER	5/30/2019	0				0	0	HY		0	0
109	BRYANT 3 1/2 TON AC SYSTEM	7/26/2019	0				0	0	HY		0	0
110	SUITE A REMODEL	5/30/2019	0				0	0	HY		0	0
111	NEW ROOF	5/17/2019	0				0	0	HY		0	0
112	VIDEOCONFERENCING SYSTEMS FOI	10/21/2020	0				0	0	HY		0	0
113	TRAINING TABLE	11/26/2020	0				0	0	HY		0	0
114	GAS FURNACE SYSTEM INDOOR/OUT	5/06/2021	0				0	0	HY		0	0
115	OFFICE RENOVATION	12/22/2022	0				0	0	HY		0	0
116	OFFICE RENOVATION FURNITURE AN	12/22/2022	0				0	0	HY		0	0
117	COMMUNITY ROOM RENOVATION	12/22/2022	0				0	0	HY		0	0
118	COMMUNITY ROOM FURNITURE ANI	12/22/2022	0				0	0	HY		0	0
119	COMMON AREA RENOVATION	12/22/2022	0				0	0	HY		0	0
120	COMMON AREA RENOVATION FURNI	12/22/2022	0				0	0	HY		0	0
121	DUPLEX CONTROL BOX AND SUMP P	5/19/2023	0				0	0	HY		0	0
123	RECEPTION DESK	8/31/2023	0				0	0	HY		0	0
	Total Other Depreciation		2,513,203				2,513,203				1,056,501	47,394
	Total ACRS and Other Depreciation		2,513,203				2,513,203				1,056,501	47,394

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
	Grand Totals		2,513,203				2,513,203				1,056,501	47,394
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Less: Domestic R & E Expense		0				0				0	0
	Net Grand Totals		2,513,203				2,513,203				1,056,501	47,394

GA Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
Other Depreciation:								
15	LAND - 611 OAK ST	3/26/2001	94,292	94,292	0	0	0	0
16	LAND - 615 OAK ST	3/26/2001	142,046	142,046	0	0	0	0
17	BUILDING - 615 A-E OAK ST PURCHAS	3/26/2001	486,905	486,905	289,100	12,173	12,173	0
18	615 F OAK ST IMPROVEMENTS	12/14/2001	559,877	559,877	323,096	13,997	13,997	0
24	GRADING - 615 OAK ST	12/14/2001	3,770	3,770	3,770	0	0	0
25	LANDSCAPING - 615 OAK ST	12/14/2001	21,372	21,372	21,372	0	0	0
27	DEMOLITION - 615 OAK ST	12/14/2001	6,500	6,500	0	0	0	0
28	BUILDING - 615 F OAK ST PURCHASE	3/26/2001	103,999	103,999	61,750	2,600	2,600	0
29	615 A-E OAK ST IMPROVEMENTS	12/14/2001	26,695	26,695	15,405	668	668	0
50	LAND - LAKE RABUN PAVILION	8/10/2005	331,352	331,352	0	0	0	0
51	PAVILION - LAKE RABUN	12/01/2006	700,964	700,964	316,894	17,524	17,524	0
58	BURGLAR AND FIRE ALARM SYSTEM	2/13/2008	1,456	1,456	616	36	36	0
64	UPPER PARKING LOT DRAINAGE PRO	10/27/2008	9,325	9,325	9,325	0	0	0
65	PATH TO OVERFLOW PARKING LOT P	10/09/2008	8,800	8,800	8,800	0	0	0
66	PRESSURE GROUTING/FLOOR LEVELI	12/08/2008	15,850	15,850	6,373	396	396	0
73	CARRIER 2 TON HEAT PUMP - SUITE A	3/01/2013	0	0	0	0	0	0
74	CARRIER 3 TON HEAT PUMP - SUITE C	3/01/2013	0	0	0	0	0	0
76	CARRIER 3 TON A/C UNIT - SUITE 700	10/08/2013	0	0	0	0	0	0
77	LANDSCAPING PRIVACY SCREEN	11/11/2013	0	0	0	0	0	0
83	WATER HEATER - SUITE C	9/30/2015	0	0	0	0	0	0
84	CARRIER 2 TON AIR HANDLING UNIT	5/26/2015	0	0	0	0	0	0
87	75" SAMSUNG LED FLAT SCREEN SMA Sold/Scrapped: 12/31/2025	12/08/2015	0	0	0	0	0	0
88	55" SAMSUNG LED FLAT SCREEN SMA Sold/Scrapped: 12/31/2025	12/08/2015	0	0	0	0	0	0
89	55" SAMSUNG LED FLAT SCREEN SMA Sold/Scrapped: 12/31/2025	12/08/2015	0	0	0	0	0	0
95	2017 RENOVATION PROJECT	12/04/2017	0	0	0	0	0	0
96	PARKING LOT PAVING	12/04/2017	0	0	0	0	0	0
97	WHIRLPOOL FRENCH DOOR REFRIGE	12/04/2017	0	0	0	0	0	0
98	BROWN SOFA	1/18/2017	0	0	0	0	0	0
99	55" SAMSUNG SMART TV Sold/Scrapped: 12/31/2025	10/03/2017	0	0	0	0	0	0
101	CLEARVIEW CAMERA SYSTEM WITH	12/12/2017	0	0	0	0	0	0
102	3 TON 14 SEER BRYANT HEAT PUMP S	2/05/2018	0	0	0	0	0	0
103	CARDIAC SCIENCE G3 DIFIB. WITH BA	4/10/2018	0	0	0	0	0	0
104	PAXTON ACCESS CONTROL AND PAN	10/31/2018	0	0	0	0	0	0
105	DUMPSTER PRIVACY FENCE	11/30/2018	0	0	0	0	0	0
106	CONCRETE DRIVEWAY IMPROVEMEN	11/30/2018	0	0	0	0	0	0
107	Website Design	4/01/2018	0	0	0	0	0	0
108	DELL POWEREDGE SERVER	5/30/2019	0	0	0	0	0	0
109	BRYANT 3 1/2 TON AC SYSTEM	7/26/2019	0	0	0	0	0	0
110	SUITE A REMODEL	5/30/2019	0	0	0	0	0	0
111	NEW ROOF	5/17/2019	0	0	0	0	0	0
112	VIDEOCONFERENCING SYSTEMS FOR	10/21/2020	0	0	0	0	0	0
113	TRAINING TABLE	11/26/2020	0	0	0	0	0	0
114	GAS FURNACE SYSTEM INDOOR/OUT	5/06/2021	0	0	0	0	0	0
115	OFFICE RENOVATION	12/22/2022	0	0	0	0	0	0
116	OFFICE RENOVATION FURNITURE AN	12/22/2022	0	0	0	0	0	0
117	COMMUNITY ROOM RENOVATION	12/22/2022	0	0	0	0	0	0
118	COMMUNITY ROOM FURNITURE AND	12/22/2022	0	0	0	0	0	0
119	COMMON AREA RENOVATION	12/22/2022	0	0	0	0	0	0
120	COMMON AREA RENOVATION FURNI	12/22/2022	0	0	0	0	0	0
121	DUPLEX CONTROL BOX AND SUMP P	5/19/2023	0	0	0	0	0	0
123	RECEPTION DESK	8/31/2023	0	0	0	0	0	0
	Total Other Depreciation		2,513,203	2,513,203	1,056,501	47,394	47,394	0
	Total ACRS and Other Depreciation		2,513,203	2,513,203	1,056,501	47,394	47,394	0
	Grand Totals		2,513,203	2,513,203	1,056,501	47,394	47,394	0
	Less: Dispositions		0	0	0	0	0	0
	Less: Start-up/Org Expense		0	0	0	0	0	0
	Less: Domestic R & E Expense		0	0	0	0	0	0
	Net Grand Totals		2,513,203	2,513,203	1,056,501	47,394	47,394	0

Depreciation Adjustment Report
All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences

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	3/26/2001	94,292	0	0
16	LAND - 615 OAK ST	3/26/2001	142,046	0	0
17	BUILDING - 615 A-E OAK ST PURCHASE	3/26/2001	486,905	12,172	0
18	615 F OAK ST IMPROVEMENTS	12/14/2001	559,877	13,997	0
24	GRADING - 615 OAK ST	12/14/2001	3,770	0	0
25	LANDSCAPING - 615 OAK ST	12/14/2001	21,372	0	0
27	DEMOLITION - 615 OAK ST	12/14/2001	6,500	0	0
28	BUILDING - 615 F OAK ST PURCHASE	3/26/2001	103,999	2,599	0
29	615 A-E OAK ST IMPROVEMENTS	12/14/2001	26,695	667	0
50	LAND - LAKE RABUN PAVILION	8/10/2005	331,352	0	0
51	PAVILION - LAKE RABUN	12/01/2006	700,964	17,524	0
58	BURGLAR AND FIRE ALARM SYSTEM	2/13/2008	1,456	37	0
64	UPPER PARKING LOT DRAINAGE PROJECT	10/27/2008	9,325	0	0
65	PATH TO OVERFLOW PARKING LOT PROJ	10/09/2008	8,800	0	0
66	PRESSURE GROUTING/FLOOR LEVELING	12/08/2008	15,850	397	0
73	CARRIER 2 TON HEAT PUMP - SUITE A	3/01/2013	0	0	0
74	CARRIER 3 TON HEAT PUMP - SUITE C	3/01/2013	0	0	0
76	CARRIER 3 TON A/C UNIT - SUITE 700	10/08/2013	0	0	0
77	LANDSCAPING PRIVACY SCREEN	11/11/2013	0	0	0
83	WATER HEATER - SUITE C	9/30/2015	0	0	0
84	CARRIER 2 TON AIR HANDLING UNIT - SU	5/26/2015	0	0	0
95	2017 RENOVATION PROJECT	12/04/2017	0	0	0
96	PARKING LOT PAVING	12/04/2017	0	0	0
97	WHIRLPOOL FRENCH DOOR REFRIGERAT	12/04/2017	0	0	0
98	BROWN SOFA	1/18/2017	0	0	0
101	CLEARVIEW CAMERA SYSTEM WITH 8 CA	12/12/2017	0	0	0
102	3 TON 14 SEER BRYANT HEAT PUMP SYST	2/05/2018	0	0	0
103	CARDIAC SCIENCE G3 DIFIB. WITH BATTE	4/10/2018	0	0	0
104	PAXTON ACCESS CONTROL AND PANIC S	10/31/2018	0	0	0
105	DUMPSTER PRIVACY FENCE	11/30/2018	0	0	0
106	CONCRETE DRIVEWAY IMPROVEMENTS	11/30/2018	0	0	0
107	Website Design	4/01/2018	0	0	0
108	DELL POWEREDGE SERVER	5/30/2019	0	0	0
109	BRYANT 3 1/2 TON AC SYSTEM	7/26/2019	0	0	0
110	SUITE A REMODEL	5/30/2019	0	0	0
111	NEW ROOF	5/17/2019	0	0	0
112	VIDEOCONFERENCING SYSTEMS FOR FO	10/21/2020	0	0	0
113	TRAINING TABLE	11/26/2020	0	0	0
114	GAS FURNACE SYSTEM INDOOR/OUTDOO	5/06/2021	0	0	0
115	OFFICE RENOVATION	12/22/2022	0	0	0
116	OFFICE RENOVATION FURNITURE AND FI	12/22/2022	0	0	0
117	COMMUNITY ROOM RENOVATION	12/22/2022	0	0	0
118	COMMUNITY ROOM FURNITURE AND FIX	12/22/2022	0	0	0
119	COMMON AREA RENOVATION	12/22/2022	0	0	0
120	COMMON AREA RENOVATION FURNITUR	12/22/2022	0	0	0
121	DUPLEX CONTROL BOX AND SUMP PUMP	5/19/2023	0	0	0
123	RECEPTION DESK	8/31/2023	0	0	0
	Total Other Depreciation		2,513,203	47,393	0
	Total ACRS and Other Depreciation		2,513,203	47,393	0
	Grand Totals		2,513,203	47,393	0

Asset	Description	Date In Service	Cost	GA
Other Depreciation:				
15	LAND - 611 OAK ST	3/26/2001	94,292	0
16	LAND - 615 OAK ST	3/26/2001	142,046	0
17	BUILDING - 615 A-E OAK ST PURCHASE	3/26/2001	486,905	12,172
18	615 F OAK ST IMPROVEMENTS	12/14/2001	559,877	13,997
24	GRADING - 615 OAK ST	12/14/2001	3,770	0
25	LANDSCAPING - 615 OAK ST	12/14/2001	21,372	0
27	DEMOLITION - 615 OAK ST	12/14/2001	6,500	0
28	BUILDING - 615 F OAK ST PURCHASE	3/26/2001	103,999	2,599
29	615 A-E OAK ST IMPROVEMENTS	12/14/2001	26,695	667
50	LAND - LAKE RABUN PAVILION	8/10/2005	331,352	0
51	PAVILION - LAKE RABUN	12/01/2006	700,964	17,524
58	BURGLAR AND FIRE ALARM SYSTEM	2/13/2008	1,456	37
64	UPPER PARKING LOT DRAINAGE PROJECT	10/27/2008	9,325	0
65	PATH TO OVERFLOW PARKING LOT PROJ	10/09/2008	8,800	0
66	PRESSURE GROUTING/FLOOR LEVELING	12/08/2008	15,850	397
73	CARRIER 2 TON HEAT PUMP - SUITE A	3/01/2013	0	0
74	CARRIER 3 TON HEAT PUMP - SUITE C	3/01/2013	0	0
76	CARRIER 3 TON A/C UNIT - SUITE 700	10/08/2013	0	0
77	LANDSCAPING PRIVACY SCREEN	11/11/2013	0	0
83	WATER HEATER - SUITE C	9/30/2015	0	0
84	CARRIER 2 TON AIR HANDLING UNIT - SU	5/26/2015	0	0
95	2017 RENOVATION PROJECT	12/04/2017	0	0
96	PARKING LOT PAVING	12/04/2017	0	0
97	WHIRLPOOL FRENCH DOOR REFRIGERAT	12/04/2017	0	0
98	BROWN SOFA	1/18/2017	0	0
101	CLEARVIEW CAMERA SYSTEM WITH 8 CA	12/12/2017	0	0
102	3 TON 14 SEER BRYANT HEAT PUMP SYST	2/05/2018	0	0
103	CARDIAC SCIENCE G3 DIFIB. WITH BATTE	4/10/2018	0	0
104	PAXTON ACCESS CONTROL AND PANIC S	10/31/2018	0	0
105	DUMPSTER PRIVACY FENCE	11/30/2018	0	0
106	CONCRETE DRIVEWAY IMPROVEMENTS	11/30/2018	0	0
107	Website Design	4/01/2018	0	0
108	DELL POWEREDGE SERVER	5/30/2019	0	0
109	BRYANT 3 1/2 TON AC SYSTEM	7/26/2019	0	0
110	SUITE A REMODEL	5/30/2019	0	0
111	NEW ROOF	5/17/2019	0	0
112	VIDEOCONFERENCING SYSTEMS FOR FO	10/21/2020	0	0
113	TRAINING TABLE	11/26/2020	0	0
114	GAS FURNACE SYSTEM INDOOR/OUTDOO	5/06/2021	0	0
115	OFFICE RENOVATION	12/22/2022	0	0
116	OFFICE RENOVATION FURNITURE AND FI	12/22/2022	0	0
117	COMMUNITY ROOM RENOVATION	12/22/2022	0	0
118	COMMUNITY ROOM FURNITURE AND FIX	12/22/2022	0	0
119	COMMON AREA RENOVATION	12/22/2022	0	0
120	COMMON AREA RENOVATION FURNITUR	12/22/2022	0	0
121	DUPLEX CONTROL BOX AND SUMP PUMP	5/19/2023	0	0
123	RECEPTION DESK	8/31/2023	0	0
	Total Other Depreciation		2,513,203	47,393
	Total ACRS and Other Depreciation		2,513,203	47,393
	Grand Totals		2,513,203	47,393

Form **990**

Event Income and Deduction Worksheet

Description **FORSYTH COUNTY EDUC FOUND**

2025

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.**	**102,817**
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.**	**102,817**
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.**	**26,964**
15. Total expenses. Add lines 8 through 14	**15.**	**26,964**
16. Net Income/Loss. Line 7 minus Line 15	**16.**	**75,853**

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	**26,964**
Total Fundraising Expense	**26,964**

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 **FRIENDS OF THE GA MOUNTAINS**

2025

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.**	**20,535**
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.**	**20,535**
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.**	**32,462**
15. Total expenses. Add lines 8 through 14	**15.**	**32,462**
16. Net Income/Loss. Line 7 minus Line 15	**16.**	**-11,927**

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	**32,462**
Total Fundraising Expense	**32,462**

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**

2025

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.**	**19,673**
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.**	**19,673**
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.**	**19,673**

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 **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

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**

2025

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.**	**115,295**
2. Advertising income	**2.**	
3. Circulation income	**3.**	
4. Other income	**4.**	
5. Returns and allowances	**5.**	
6. Contributions received	**6.**	**4,329**
7. Total revenue. Add lines 1 through 6	**7.**	**119,624**
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.**	**39,370**
14. Fundraising Expense	**14.**	
15. Total expenses. Add lines 8 through 14	**15.**	**39,370**
16. Net Income/Loss. Line 7 minus Line 15	**16.**	**80,254**

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	**39,370**
Total Exempt Activity Expense	**39,370**

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	

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 **REGION 2 RTAC EDUC FUND**

2025

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.**	**113,424**
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.**	**113,424**
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.**	**67,360**
14. Fundraising Expense	**14.**	
15. Total expenses. Add lines 8 through 14	**15.**	**67,360**
16. Net Income/Loss. Line 7 minus Line 15	**16.**	**46,064**

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	**67,360**
Total Exempt Activity Expense	**67,360**

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	

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 **LAKEVIEW ATHLETIC FUND**

2025

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.**	**77,110**
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.**	**77,110**
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.**	**33,999**
15. Total expenses. Add lines 8 through 14	**15.**	**33,999**
16. Net Income/Loss. Line 7 minus Line 15	**16.**	**43,111**

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	**33,999**
Total Fundraising Expense	**33,999**

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 **BLAINE DIXON FALLEN HEROS**

2025

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.**	**16,301**
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.**	**16,301**
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.**	**25,728**
15. Total expenses. Add lines 8 through 14	**15.**	**25,728**
16. Net Income/Loss. Line 7 minus Line 15	**16.**	**-9,427**

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	**25,728**
Total Fundraising Expense	**25,728**

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**

2025

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.**	**63,980**
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.**	**63,980**
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.**	**63,980**

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	

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 **VISION 2030 PUB ART FUND**

2025

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.**	**43,468**
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.**	**43,468**
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.**	**49,597**
15. Total expenses. Add lines 8 through 14	**15.**	**49,597**
16. Net Income/Loss. Line 7 minus Line 15	**16.**	**-6,129**

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	**49,597**
Total Fundraising Expense	**49,597**

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 **PBW JOY OF HOPE FUND**

2025

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.**	**9,633**
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.**	**9,633**
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.**	**26,640**
15. Total expenses. Add lines 8 through 14	**15.**	**26,640**
16. Net Income/Loss. Line 7 minus Line 15	**16.**	**-17,007**

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	**26,640**
Total Fundraising Expense	**26,640**

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**

2025

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.**	**6,007**
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.**	**6,007**
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.**	**1,972**
15. Total expenses. Add lines 8 through 14	**15.**	**1,972**
16. Net Income/Loss. Line 7 minus Line 15	**16.**	**4,035**

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	**1,972**
Total Fundraising Expense	**1,972**

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 **GA K-9 GOLF CART**

2025

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.**	**8,100**
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.**	**8,100**
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.**	**8,100**

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 **GA K-9 SPECIAL OPERATIONS**

2025

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.**	**5,420**
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.**	**5,420**
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.**	**5,420**

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 **GEORGIA HIGHWAY CONTRACTORS**

2025

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.**	**80,800**
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.**	**80,800**
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.**	**48,782**
15. Total expenses. Add lines 8 through 14	**15.**	**48,782**
16. Net Income/Loss. Line 7 minus Line 15	**16.**	**32,018**

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	**48,782**
Total Fundraising Expense	**48,782**

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)

u Go to *www.irs.gov/Form990W* for instructions and the latest information.

u Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0047

2025

1	Unrelated business taxable income expected in the tax year		**1**	**14,150**
2	Tax on the amount on line 1. See instructions for tax computation		**2**	**2,972**
3	Alternative minimum tax for trusts. See instructions		**3**	
4	Total. Add lines 2 and 3		**4**	**2,972**
5	Estimated tax credits. See instructions		**5**	
6	Subtract line 5 from line 4		**6**	**2,972**
7	Other taxes. See instructions		**7**	
8	Total. Add lines 6 and 7		**8**	**2,972**
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** **2,972**		
b	Enter the tax shown on the 2024 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** **2,972**		
c	**2025 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**	**2,972**

		(a)	(b)	(c)	(d)
11	**Installment due dates.** See instructions **11**	**04/15/26**	**06/15/26**	**09/15/26**	**12/15/26**
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**		**1,490**	**750**	**750**
13	**2024 Overpayment.** See instructions **13**		**200**	**200**	**200**
14	**Payment due** (Subtract line 13 from line 12) **14**		**1,290**	**550**	**550**

For Paperwork Reduction Act Notice, see instructions. Form **990-W** (2022)

Form **990-T** | **Business Income Activity Summary** | **2025**

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	15,150	
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.	All other revenue			
16.	Total taxable income		15,150	

Business Activity Losses

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

SCHEDULE G (Form 990 or 990-EZ)

Fundraising Other Events

For calendar year 2025, or tax year beginning , and ending

2025

Name
NORTH GEORGIA COMMUNITY FOUNDATION, INC.

Employer Identification Number
58-1610318

		(a) Other event GEORGIA HIGHWAY (event type)	(b) Other event LAKEVIEW ATHLET (event type)	(c) Other event LAKE RABUN FUND (event type)	(d) Total other events (add col. (a) through col. (c))
Revenue	1 Gross receipts	80,800	77,110	63,980	331,354
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	80,800	77,110	63,980	331,354
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	48,782	33,999		219,180

SCHEDULE G (Form 990 or 990-EZ)

Fundraising Other Events

For calendar year 2025, or tax year beginning , and ending

2025

Name
NORTH GEORGIA COMMUNITY FOUNDATION, INC.

Employer Identification Number
58-1610318

		(a) Other event VISION 2030 PUB (event type)	(b) Other event FRIENDS OF THE (event type)	(c) Other event BLAINE DIXON FA (event type)	(d) Total other events (add col. (a) through col. (c))
Revenue	1 Gross receipts	43,468	20,535	16,301	
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	43,468	20,535	16,301	
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	49,597	32,462	25,728	

SCHEDULE G (Form 990 or 990-EZ)

Fundraising Other Events

2025

For calendar year 2025, or tax year beginning , and ending

Name
NORTH GEORGIA COMMUNITY FOUNDATION, INC.

Employer Identification Number
58-1610318

		(a) Other event PBW JOY OF HOPE (event type)	(b) Other event GA K-9 GOLF CAR (event type)	(c) Other event UNITED FORSYTH (event type)	(d) Total other events (add col. (a) through col. (c))
Revenue	1 Gross receipts	9,633	8,100	6,007	
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	9,633	8,100	6,007	
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	26,640		1,972	

SCHEDULE G (Form 990 or 990-EZ)

Fundraising Other Events

For calendar year 2025, or tax year beginning , and ending

2025

Name
NORTH GEORGIA COMMUNITY FOUNDATION, INC.

Employer Identification Number
58-1610318

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events (add col. (a) through col. (c))
		GA K-9 SPECIAL (event type)	(event type)	(event type)	
Revenue	1 Gross receipts	5,420			
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	5,420			
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses				

Form **990**

Two Year Comparison Report

For calendar year 2025, or tax year beginning , ending

2024 & 2025

Name

NORTH GEORGIA COMMUNITY FOUNDATION, INC.

Taxpayer Identification Number

58-1610318

			2024	2025	Differences
Revenue	1. Contributions, gifts, grants	1.	14,453,612	52,980,384	38,526,772
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.	494,046	616,760	122,714
	5. Investment income	5.	6,895,036	6,576,958	-318,078
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	3,705,981	2,754,972	-951,009
	8. Net income or (loss) from fundraising events	8.	218,435	310,016	91,581
	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.	25,767,110	63,239,090	37,471,980
Expenses	13. Grants and similar amounts paid	13.	21,542,168	13,469,327	-8,072,841
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	248,070	226,500	-21,570
	16. Salaries, other compensation, and employee benefits	16.	912,974	1,085,009	172,035
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	108,531	134,188	25,657
	19. Occupancy, rent, utilities, and maintenance	19.	257,424	343,167	85,743
	20. Depreciation and Depletion	20.	152,972	151,866	-1,106
	21. Other expenses	21.	918,244	1,192,110	273,866
	22. **Total expenses.** Add lines 13 through 21	22.	24,140,383	16,602,167	-7,538,216
	23. **Excess or (Deficit).** Subtract line 22 from line 12	23.	1,626,727	46,636,923	45,010,196
Other Information	24. Total exempt revenue	24.	25,767,110	63,239,090	37,471,980
	25. Total unrelated revenue	25.	22,248	19,673	-2,575
	26. Total excludable revenue	26.	11,291,250	10,239,033	-1,052,217
	27. Total assets	27.	126,048,419	182,111,364	56,062,945
	28. Total liabilities	28.	4,693,513	7,374,251	2,680,738
	29. Retained earnings	29.	121,354,906	174,737,113	53,382,207
	30. Number of voting members of governing body	30.	26	25	
	31. Number of independent voting members of governing body	31.	26	25	
	32. Number of employees	32.	10	11	
	33. Number of volunteers	33.	27	24	

Form **990T**

Two Year Comparison Report

For calendar year 2025, or tax year beginning , ending

2024 & 2025

Name

NORTH GEORGIA COMMUNITY FOUNDATION, INC.

Taxpayer Identification Number

58-1610318

			2024	2025	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.	18,051	15,150	-2,901
	3. Charitable contributions	3.			
	4. Section 199A deduction (trusts only)	4.			
	5. Taxable income before NOL loss	5.	18,051	15,150	-2,901
	6. Net operating loss (pre-2018)	6.			
	7. Specific deduction	7.	1,000	1,000	
	8. Unrelated business taxable income.	8.	17,051	14,150	-2,901
Tax & Credits	**9.** Income tax (corporate or trust)	9.	3,581	2,972	-609
	10. Proxy tax	10.			
	11. Other taxes	11.			
	12. Total taxes	12.	3,581	2,972	-609
	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.	3,581	2,972	-609
	18. Recapture taxes and 965 tax	18.			
	19. Total Taxes	19.	3,581	2,972	-609
Due/Refund	**20.** Prior year overpayment and estimated tax payments	20.	2,680	3,581	901
	21. Payment made with extension	21.			
	22. Backup withholding and foreign withholding	22.			
	23. Other payments	23.			
	24. Total payments	24.	2,680	3,581	901
	25. Balance due/(Overpayment)	25.	901	-609	-1,510
	26. Overpayment applied to next year	26.		600	600
	27. Penalties	27.		9	9
	28. Total due/(Refund)	28.	901		-901
	29. Activity Losses NOL (Post-2017)	29.			

Form **SchA**(990T)

Two Year Comparison for Unrelated Business Activity

For calendar year 2025, or tax year beginning , ending

2024 & 2025

Organization Name
NORTH GEORGIA COMMUNITY FOUNDATION,

Taxpayer Identification Number
58-1610318

Activity: **UNRELATED BUSINESS ACTIVITY**

Unincorporated Business Income Tax Code: **561000**

			2024	2025	Differences
Revenue	**1.** Gross profit/loss on business activities	1.	22,248	19,673	-2,575
	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.	22,248	19,673	-2,575
Expenses	**12.** Compensation of officers, directors, and trustees	12.			
	13. Other salaries and wages	13.	2,509	2,760	251
	14. Repairs and maintenance	14.			
	15. Bad debts	15.			
	16. Interest	16.			
	17. Taxes and licenses	17.	192	211	19
	18. Depreciation and Depletion	18.			
	19. Contributions to deferred compensation plans	19.			
	20. Employee benefit programs	20.	151	166	15
	21. Other deductions	21.	1,345	1,386	41
	22. Total deductions. Add lines 12 through 22	22.	4,197	4,523	326
	23. Taxable income before deductions. Subtract line 23 from 11	23.	18,051	15,150	-2,901
	24. Deductible losses	24.			
	25. Unrelated business taxable income (loss)	25.	18,051	15,150	-2,901

Form **990**

Tax Return History

2025

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

Employer Identification Number **58-1610318**

	2021	2022	2023	2024	2025	2026
Contributions, gifts, grants	20,306,402	17,941,942	14,494,843	14,453,612	52,980,384	
Membership dues						
Program service revenue	694,055	608,244	501,569	494,046	616,760	
Capital gain or loss	2,623,510	472,858	988,610	3,705,981	2,754,972	
Investment income	5,588,423	2,583,329	4,252,085	6,895,036	6,576,958	
Fundraising revenue (income/loss)	74,812	128,816	147,646	218,435	310,016	
Gaming revenue (income/loss)						
Other revenue						
Total revenue	29,287,202	21,735,189	20,384,753	25,767,110	63,239,090	
Grants and similar amounts paid	16,477,760	11,544,830	13,439,177	21,542,168	13,469,327	
Benefits paid to or for members						
Compensation of officers, etc.	180,212	215,319	228,159	248,070	226,500	
Other compensation	705,273	841,028	884,339	912,974	1,085,009	
Professional fees	62,335	49,145	103,546	108,531	134,188	
Occupancy costs	154,073	161,122	233,287	257,424	343,167	
Depreciation and depletion	72,788	73,269	85,889	152,972	151,866	
Other expenses	499,893	522,983	679,695	918,244	1,192,110	
Total expenses	18,152,334	13,407,696	15,654,092	24,140,383	16,602,167	
Excess or (Deficit)	11,134,868	8,327,493	4,730,661	1,626,727	46,636,923	
Total exempt revenue	29,287,202	21,735,189	20,384,753	25,767,110	63,239,090	
Total unrelated revenue	292,459	239,147	17,775	22,248	19,673	
Total excludable revenue	8,616,707	3,416,618	5,872,135	11,291,250	10,239,033	
Total Assets	121,312,465	106,866,039	122,001,601	126,048,419	182,111,364	
Total Liabilities	3,781,625	5,104,861	4,969,552	4,693,513	7,374,251	
Net Fund Balances	117,530,840	101,761,178	117,032,049	121,354,906	174,737,113	

Form **990T**

Tax Return History

2025

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

Employer Identification Number **58-1610318**

	2021	2022	2023	2024	2025	2026
UBTI from all trades	189,847	110,989	13,761	18,051	15,150	
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	188,847	109,989	12,761	17,051	14,150	
Income tax (corporate or trust)	39,658	23,098	2,680	3,581	2,972	
Other taxes						
Total taxes	39,658	23,098	2,680	3,581	2,972	
General business credit						
Other credits						
Net tax after credits	39,658	23,098	2,680	3,581	2,972	
Estimated tax payments	38,704	29,744	9,915	2,680	3,581	
Other payments	2,000			901		
Balance due /-Overpayment	-1,046	-6,646	-7,235		-609	

Federal Statements

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
SPLIT INTEREST AGREEMENT	$ -2,679,450		14			
INVESTMENT INCOME ON AGENCY E			14			
FEES ON AGENCY FUNDS			14			
INVESTMENT REVENUE	9,256,408		14			
TOTAL	$ 6,576,958					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
OTHER	$ 32,577	$ 29,137	$ 2,192	$ 1,248
TOTAL	$ 32,577	$ 29,137	$ 2,192	$ 1,248

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
UNITED WAY	$
CONTRIBUTIONS	14,936,167
SECURITIES	38,039,888
MISCELLANEOUS	
CASH CONTRIBUTION	4,329
TOTAL	$ 52,980,384

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
HUMANE SOCIETY OF NORTHEAST	$ 791,490	$
NATIONAL CHRISTION FOUNDATION		
SARA J HOYT CHARITABLE LEAD	1,190,872	
ALLEN WATERS		
INTERACTIVE NEIGHBORHOOD FOR KIDS		
DM COTTREL TRUST	5,000,000	2,056,268
CARROLL DANIEL		
LILLIE MAE GREEN ESTATE		
TOMMY BAGWELL	3,118,041	174,309
GEORGIA MOUNTAIN FOODBANK	400,000	
CHRISTINA FREEMAN		
HUMANE SOCIETY OF NE GA	791,490	
NORTHEAST GA HISTORY CENTER	427,515	
SUNLIFE FINANCIAL	409,000	
DONALD PIRKLE	832,339	
RAYMOND JAMES GLOBAL ACCT	363,150	
PHILIP WILHEIT	551,000	
STEWART MELVIN	1,332,558	
GOOD NEWS CLINIC	4,929,994	1,986,262
BOYS AND GIRLS CLUB OF LANIER	870,000	
UNITED WAY OF FORSYTH COUNTY	670,000	
CHRISTINA FREEMAN ESTATE	460,000	
WALTER INCOME PROPERTIES CRU	454,380	
JACK DILLARD AND JANET DILLARD FAMIL	442,000	
JUST PEOPLE	350,000	
SCHWAB CHARITABLE	296,800	
FORSYTH COUNTY PUBLIC SCHOOLS	281,894	
GEORGIA MOUNTAINS YMCA	250,000	
FRED AND SARA HOYT CRT	450,000	
JAMES A WALTERS CHARITABLE UNITRUST	2,724,701	
EDWARD BENTON DODD UNITRUST	2,194,076	
NORTHERN TRUST CHARITABLE GIVING PRO	839,681	
LARRY A MORRIS IRREVOCABLE IRA TRUST	602,459	
LARRY A MORRIS CRUT	524,686	
WENDELL STARK	480,241	
WENDELL STARKE TRUST	2,527,888	
LYDIA STARKE TRUST	833,536	
ESTATE OF ROBERT L. WHITE	1,066,732	
GEORGE JONES	436,410	
BANK OF AMERICA CHARITABLE GIFT FUND	1,163,688	
CHESTNUT MOUNTAIN PREBYTERIAN CHURCH	440,478	
MR. MICHAEL ENSLEY	375,000	
GEORGIA HIGHWAY CONTRACTORS ASSOCIAT	303,100	
MR. GEORGE D. JONES	436,410	
THE HAMBRIDGE CENTER FOR THE ARTS &	1,511,604	
MR. WENDELL STARKE	803,698	
ESTATE OF ANNE THOMAS	30,699,183	27,755,451
TOTAL	$ 72,626,094	$ 31,972,290

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
SPLIT INTEREST AGREEMENT	$ -2,679,450
INVESTMENT INCOME ON AGENCY E	
FEES ON AGENCY FUNDS	
INVESTMENT REVENUE	9,256,408
TOTAL	$ 6,576,958

Schedule A, Part II, Line 9(e)

Description	Amount
FORSYTH COUNTY EDUC FOUND	$ 75,853
FRIENDS OF THE GA MOUNTAINS	-11,927
ADMINISTRATIVE FEES	19,673
MISCELLANEOUS	75,925
REGION 2 RTAC EDUC FUND	46,064
LAKEVIEW ATHLETIC FUND	43,111
BLAINE DIXON FALLEN HEROS	-9,427
LAKE RABUN FUND	63,980
VISION 2030 PUB ART FUND	-6,129
PBW JOY OF HOPE FUND	-17,007
UNITED FORSYTH ORCHESTRA FU	4,035
GA K-9 GOLF CART	8,100
GA K-9 SPECIAL OPERATIONS	5,420
GEORGIA HIGHWAY CONTRACTORS	32,018
LESS: DEDUCTIONS	-5,523
TOTAL	$ 324,166

Federal Statements

Schedule A, Part II, Line 12 - Current year

Description	Amount
OTHER	$ 81,128
OFFICE RENTAL TO NON PROFITS	153,588
FOUNDATION FEES - OTHER	362,371
OFFICE RENTAL	
TOTAL	$ 597,087

Federal Statements

Forsyth County Educ Found

Other Direct Fundraising or Gaming Expenses

Description	Amount
FORSYTH 5K CHALLENGE	$ 26,964
TOTAL	$ 26,964

Federal Statements

FRIENDS OF THE GA MOUNTAINS

Other Direct Fundraising or Gaming Expenses

Description	Amount
FRIENDS OF GA MTNS	$ 32,462
TOTAL	$ 32,462

Federal Statements

MISCELLANEOUS

Other Direct Fundraising or Gaming Expenses

Description	Amount
TOTAL UNDER 5,000	$
TOTAL	$ 0

Federal Statements

REGION 2 RTAC EDUC FUND

Other Direct Fundraising or Gaming Expenses

Description	Amount
REGION 2 RTAC EDUC FUND	$
TOTAL	$ 0

Federal Statements

LAKEVIEW ATHLETIC FUND

Other Direct Fundraising or Gaming Expenses

Description	Amount
LAKEVIEW GOLF	$ 33,999
TOTAL	$ 33,999

Federal Statements

BLAINE DIXON FALLEN HEROS

Other Direct Fundraising or Gaming Expenses

Description	Amount
GOLF TOURNAMENT	$ 5,167
DIRECT BENEFIT TO DONORS	20,561
TOTAL	$ 25,728

Federal Statements

Lake Rabun Fund

Other Direct Fundraising or Gaming Expenses

Description	Amount
LAKE RABUN EXPENSE	$
TOTAL	$ 0

Federal Statements

VISION 2030 PUB ART FUND

Other Direct Fundraising or Gaming Expenses

Description	Amount
VISION 2030	$ 49,597
TOTAL	$ 49,597

Federal Statements

PBW JOY OF HOPE FUND

Other Direct Fundraising or Gaming Expenses

Description	Amount
GOLF TOURNAMENT	$ 26,640
TOTAL	$ 26,640

Federal Statements

Cash - EOY

Description	Amount
CASH	$ 896,259
CASH HELD IN TRUST	634,663
TOTAL	$ 1,530,922

Accounts receivable - EOY

Description	Amount
FEES RECEIVABLE	$ 525,290
TOTAL	$ 525,290

Accounts payable - EOY

Description	Amount
ACCOUNTS PAYABLE	$ 55,087
TOTAL	$ 55,087

Revenue-net unrealized gains

Description	Amount
BOOK UNREALIZED GAIN	$ 6,745,284
TOTAL	$ 6,745,284

In - KInd Donations

Description	Amount
RENT	$ 21,955
SERVICES	2,217
TOTAL	$ 24,172

Expenses-donated services

Description	Amount
IN KIND RENT	$ 21,955
IN KIND SERVICES	2,217
TOTAL	$ 24,172

Federal Statements

Forsyth County Educ Found

Gross receipts

Description	Amount
FORSYTH 5K CHALLENGE	$ 102,817
TOTAL	$ 102,817

Federal Statements

FRIENDS OF THE GA MOUNTAINS

Gross receipts

Description	Amount
FRIENDS OF THE GA MTNS	$ 20,535
TOTAL	$ 20,535

Federal Statements

Administrative fees

Gross receipts

Description	Amount
ADMINISTRATIVE FEES - ATHENS	$ 19,673
TOTAL	$ 19,673

Federal Statements

MISCELLANEOUS

Gross receipts

Description	Amount
TOTAL UNDER $5,000	$ 115,295
TOTAL	$ 115,295

Federal Statements

LAKEVIEW ATHLETIC FUND

Gross receipts

Description	Amount
REVENUE	$ 77,110
TOTAL	$ 77,110

Federal Statements

VISION 2030 PUB ART FUND

Gross receipts

Description	Amount
BLOCK PARTY	$ 43,468
TOTAL	$ 43,468

Federal Statements

PBW JOY OF HOPE FUND

Gross receipts

Description	Amount
GOLF TOURNAMENT	$ 9,633
TOTAL	$ 9,633

Federal Statements

UNITED FORSYTH ORCHESTRA FU

Gross receipts

Description	Amount
FORSYTH COUNTY SCHOOL EVENTS	$ 6,007
TOTAL	$ 6,007