

Forms 990 / 990-EZ Return Summary

For calendar year 2016, or tax year beginning _____, and ending _____

NORTH GEORGIA COMMUNITY FOUNDATION, **-*0318
INC.**

Net Asset / Fund Balance at Beginning of Year		<u>44,591,743</u>
Revenue		
Contributions	<u>9,062,272</u>	
Program service revenue	<u>461,552</u>	
Investment income	<u>374,028</u>	
Capital gain / loss	<u>1,785,451</u>	
Fundraising / Gaming:		
Gross revenue	<u>18,522</u>	
Direct expenses	<u>56,590</u>	
Net income	<u>-38,068</u>	
Other income	<u>0</u>	
Total revenue		<u>11,645,235</u>
Expenses		
Program services	<u>6,775,255</u>	
Management and general	<u>358,026</u>	
Fundraising	<u>178,366</u>	
Total expenses		<u>7,311,647</u>
Excess / (deficit)		<u>4,333,588</u>
Changes		<u>607,327</u>
Net Asset / Fund Balance at End of Year		<u><u>49,532,658</u></u>

Reconciliation of Revenue	
Total revenue per financial statements	<u>11,095,500</u>
Less:	
Unrealized gains	<u>87,892</u>
Donated services	<u> </u>
Recoveries	<u> </u>
Other	<u>56,590</u>
Plus:	
Investment expenses	<u> </u>
Other	<u>694,217</u>
Total revenue per return	<u><u>11,645,235</u></u>

Reconciliation of Expenses	
Total expenses per financial statements	<u>4,993,120</u>
Less:	
Donated services	<u> </u>
Prior year adjustments	<u> </u>
Losses	<u> </u>
Other	<u>56,590</u>
Plus:	
Investment expenses	<u> </u>
Other	<u>2,375,117</u>
Total expenses per return	<u><u>7,311,647</u></u>

Balance Sheet			
	Beginning	Ending	Differences
Assets	<u>46,126,052</u>	<u>50,915,319</u>	
Liabilities	<u>1,534,309</u>	<u>1,382,661</u>	
Net assets	<u><u>44,591,743</u></u>	<u><u>49,532,658</u></u>	<u><u>4,940,915</u></u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/15/17
Failure to file penalty _____

Form 990-T Return Summary

For calendar year 2016, or tax year beginning _____, and ending _____

NORTH GEORGIA COMMUNITY FOUNDATION, **-*0318
INC.**

Income

Gross profit	<u>211,751</u>	
Capital gain / loss		
Unrelated debt-financed income		
All other income		
Total income		<u>211,751</u>

Deductions

Officer compensation	<u>11,578</u>	
Salaries	<u>18,085</u>	
All other deductions	<u>19,028</u>	
Net operating loss		
Specific deduction	<u>1,000</u>	
Total deductions		<u>49,691</u>

Unrelated business taxable income 162,060

Taxes / Credits / Payments

Regular tax	<u>46,453</u>	
Proxy tax		
Alternative minimum tax		
Tax		<u>46,453</u>

Foreign tax credit		
Other credits		
General business credits		
Prior year minimum tax credit		
Total nonrefundable credits		

Other taxes		
Total tax		<u>46,453</u>

Estimated tax payments	<u>27,912</u>	
Paid with extension	<u>18,541</u>	
Tax withheld		
Other credits / payments		
Estimated tax penalty	<u>83</u>	

Overpayment applied to next year's tax		
Payments / penalty / application		<u>46,370</u>

Net tax due 83

Additions to Tax

Interest on late payments		
Failure to file penalty		
Failure to pay penalty		
Total additions		

Balance due 83

Refund

Next Year's Estimates

1st quarter	<u>11,614</u>
2nd quarter	<u>11,614</u>
3rd quarter	<u>11,614</u>
4th quarter	<u>11,614</u>
Total	<u>46,456</u>

Miscellaneous Information

Amended return _____
Return / extended due date 11/15/17

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning, 2016, and ending, 20

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo.

2016

Department of the Treasury
Internal Revenue Service

Name of exempt organization

**NORTH GEORGIA COMMUNITY FOUNDATION,
INC.**

Employer identification number

**** - ***0318**

Name and title of officer

**MICHELLE PRATER
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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 1 line in Part I.

1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>11,645,235</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	_____
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance Due (Form 8868, line 3c)	5b	_____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2016 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

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

on the organization's tax year 2016 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2016 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.

Officer's signature } _____ Date } 05/30/17

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.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 electronically filed return for the organization 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 } 05/30/17

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2016)

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)

OMB No. 1545-0047

2016
 Open to Public Inspection

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning , **and ending** _____

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

C Name of organization **NORTH GEORGIA COMMUNITY FOUNDATION, INC.**
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
615 OAK ST. NW STE 1300
 City or town, state or province, country, and ZIP or foreign postal code
GAINESVILLE GA 30501

D Employer identification number
**** - *** 0318**

E Telephone number
770-535-7880

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

G Gross receipts \$ **17,129,704**

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) () t (insert no.) 4947(a)(1) or 527

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

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE NORTH GEORGIA COMMUNITY FOUNDATION IS DEDICATED TO ENHANCING THE SPIRIT OF COMMUNITY AND QUALITY OF LIFE IN THE GREATER NORTH GEORGIA REGION BY BUILDING, PRESERVING, AND DISTRIBUTING PHILANTHROPIC ASSETS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	22
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	30
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	211,751
b Net unrelated business taxable income from Form 990-T, line 34	7b	162,060	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,030,292	9,062,272
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	396,490	461,552
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,912	2,159,479
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-34,296	-38,068
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,404,398	11,645,235
	14 Benefits paid to or for members (Part IX, column (A), line 4)	5,262,043	6,295,879
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) U 178,366		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	408,459	500,245
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	600,182	515,523
19 Revenue less expenses. Subtract line 18 from line 12	6,270,684	7,311,647	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	1,133,714	4,333,588
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	46,126,052	50,915,319
		1,534,309	1,382,661
		44,591,743	49,532,658

Part II Signature Block

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

Sign Here

Signature of officer: **MICHELLE PRATER** Date: **EXECUTIVE DIRECTOR**
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **J. CHRIS HOLLIFIELD** Preparer's signature: **J. CHRIS HOLLIFIELD** Date: **05/30/17** Check if self-employed PTIN: *********

Firm's name: **RUSHTON & COMPANY, LLC** Firm's EIN: **** - *** 2374**
 Firm's address: **P.O. BOX 2917 GAINESVILLE, GA 30503** Phone no.: **770-287-7800**

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 IS DEDICATED TO ENHANCING THE SPIRIT OF COMMUNITY AND QUALITY OF LIFE IN THE GREATER NORTH GEORGIA REGION BY BUILDING, PRESERVING, AND DISTRIBUTING PHILANTHROPIC ASSETS

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 \$ **6,589,983** including grants of \$ **6,295,879**) (Revenue \$ **73,122**)

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 \$5 MILLION IN GRANTS AND \$200,000 IN SCHOLARSHIPS.

4b (Code:) (Expenses \$ **111,467** including grants of \$) (Revenue \$ **124,131**)

SERVICE TO NONPROFITS

THE COMMUNITY FOUNDATION IS COMMITTED TO SUPPORTING LOCAL NON-PROFIT ORGANIZATIONS. THE FOUNDATION OFFERS AFFORDABLE OFFICE SPACE TO A WIDE VARIETY OF NON-PROFITS. IN ADDITION TO THE FOUNDATION OFFICES, THE COMMUNITY FOUNDATION BUILDING IS HOME TO 11 LOCAL NON-PROFIT ORGANIZATIONS. THROUGH THE NONPROFIT NETWORK, WHICH PROVIDES ELECTRONIC NEWSLETTERS WITH FIELD-SPECIFIC INFORMATION TO NETWORK MEMBERS AND TRAINING WORKSHOPS THAT ARE LOCAL AND AFFORDABLE FOR THE SMALLER NON-PROFITS IN THE REGION, THE COMMUNITY FOUNDATION IS ABLE TO BUILD CAPACITY AND STRENGTHEN THE LOCAL NON-PROFITS SO THEY CAN BETTER ACHIEVE THEIR MISSIONS.

4c (Code:) (Expenses \$ **73,805** including grants of \$) (Revenue \$ **52,548**)

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. IN ADDITION, THE COMMUNITY FOUNDATION HOSTS AN ANNUAL PHILANTHROPIST OF THE YEAR EVENT WHICH HONORS AN INDIVIDUAL, FAMILY OR BUSINESS FOR LIFE-TIME OR LONG-TERM ACHIEVEMENTS THAT HAVE MADE A SIGNIFICANT IMPACT IN THE COMMUNITY. THE AWARD HONORS THOSE WITH A PROVEN RECORD OF EXCEPTIONAL GENEROSITY AND WHOSE GENEROSITY ENCOURAGES OTHERS TO TAKE PHILANTHROPIC LEADERSHIP ROLES.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **u 6,775,255**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: U See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		X
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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 in Schedule O. See instructions.
 Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u GA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in 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: **u**

LISA WARWICK **615F OAK STREET** **GA 30503** **770-535-7880**
GAINESVILLE

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JULIE FERGUSON MEMBER	1.00 0.00	X					0	0	0	
(2) SHANE GADDY MEMBER	1.00 0.00	X					0	0	0	
(3) JEFF ASH MEMBER	1.00 0.00	X					0	0	0	
(4) STROTHER RANDOLPH PAST CHAIR	1.00 0.00	X		X			0	0	0	
(5) PHIL BETTIS MEMBER	1.00 0.00	X					0	0	0	
(6) MARY HELEN MCGRUDER MEMBER	1.00 0.00	X					0	0	0	
(7) KATHY TILLMAN TREASURER	1.00 0.00	X		X			0	0	0	
(8) CHIP FRIERSON SECRETARY	1.00 0.00	X		X			0	0	0	
(9) RONNIE HOPKINS MEMBER	1.00 0.00	X					0	0	0	
(10) DAREN WAYNE CHAIR	1.00 0.00	X		X			0	0	0	
(11) VIRGILIO PEREZ PASCOE VICE CHAIR	1.00 0.00	X		X			0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) TIM DARRAH MEMBER	1.00 0.00	X						0	0	0
(13) ROB FOWLER MEMBER	1.00 0.00	X						0	0	0
(14) LONA POPE MEMBER	1.00 0.00	X						0	0	0
(15) JOHN JACOBS MEMBER	1.00 0.00	X						0	0	0
(16) RUSTY HOPKINS MEMBER	1.00 0.00	X						0	0	0
(17) KEVIN TALLANT MEMBER	1.00 0.00	X						0	0	0
(18) TRACY JORDAN MEMBER	1.00 0.00	X						0	0	0
(19) DONNA MAYO MEMBER	1.00 0.00	X						0	0	0
1b Sub-total										
c Total from continuation sheets to Part VII, Section A								115,783		6,900
d Total (add lines 1b and 1c)								115,783		6,900

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 9,062,272				
	g Noncash contributions included in lines 1a-1f: \$	768,631				
	h Total. Add lines 1a-1f	u 9,062,272				
Program Service Revenue		Busn. Code				
	2a ADMINISTRATIVE FEES	900099	211,751	211,751		
	b FOUNDATION FEES - OTHER	900099	103,610	103,610		
	c OFFICE RENTAL TO NON PROFITS	900099	84,758	84,758		
	d CELEBRATION OF COMMUNITY	900099	37,100	37,100		
	e PHILANTHROPIST OF THE YEAR	900099	15,448	15,448		
	f All other program service revenue	900099	8,885	8,885		
	g Total. Add lines 2a-2f	u 461,552				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	374,028	-81,345	455,373	
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real				
		(ii) Personal				
	b Less: rental exps.					
	c Rental inc. or (loss)					
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
	b Less: cost or other basis & sales exps.		7,213,330			
	c Gain or (loss)		5,427,879			
	d Net gain or (loss)	u	1,785,451	1,785,451		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a		18,522		
		b Less: direct expenses	b	56,590		
c Net income or (loss) from fundraising events		u	-38,068		-29,165	
9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	u				
10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	u				
Miscellaneous Revenue		Busn. Code				
11a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d	u					
12 Total revenue. See instructions.	u	11,645,235	1,953,907	211,751	426,208	

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	6,100,712	6,100,712		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	195,167	195,167		
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	115,782	17,367	52,102	46,313
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	301,156	97,958	148,904	54,294
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21,453	5,934	10,342	5,177
9 Other employee benefits	30,075	8,319	14,499	7,257
10 Payroll taxes	31,779	8,790	15,321	7,668
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	27,480	24,743	1,824	913
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	4,050	4,050		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	13,044	11,745	866	433
12 Advertising and promotion	7,894	2,183	3,806	1,905
13 Office expenses	132,164	36,556	63,717	31,891
14 Information technology				
15 Royalties				
16 Occupancy	56,030	52,646	2,482	902
17 Travel	28,324	7,834	13,655	6,835
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	5,864	5,510	260	94
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	65,791	61,817	2,915	1,059
23 Insurance	9,147	8,595	405	147
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSE	60,540	60,540		
b UBTI INCOME TAX	48,546	13,428	23,404	11,714
c PHILANTHROPIST OF THE YEA	34,591	34,591		
d OTHER	7,310	2,022	3,524	1,764
e All other expenses	14,748	14,748		
25 Total functional expenses. Add lines 1 through 24e	7,311,647	6,775,255	358,026	178,366
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	1,179,082	1	1,509,381
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net	39,920	7	39,761
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	35,701	9	24,606
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,750,373		
	b	Less: accumulated depreciation	844,476	10c	1,905,897
	11	Investments—publicly traded securities	42,903,918	11	47,435,674
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	46,126,052	16	50,915,319	
Liabilities	17	Accounts payable and accrued expenses	16,017	17	2,028
	18	Grants payable		18	
	19	Deferred revenue		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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	174,798	23	145,261
	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	1,343,494	25	1,235,372
	26	Total liabilities. Add lines 17 through 25	1,534,309	26	1,382,661
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	42,920,917	27	47,876,823
	28	Temporarily restricted net assets	1,670,826	28	1,655,835
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	44,591,743	33	49,532,658	
34	Total liabilities and net assets/fund balances	46,126,052	34	50,915,319	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,645,235
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,311,647
3	Revenue less expenses. Subtract line 2 from line 1	3	4,333,588
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	44,591,743
5	Net unrealized gains (losses) on investments	5	87,892
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 in Schedule O)	9	519,435
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	49,532,658

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		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 in Schedule O and describe any steps taken to undergo such audits.		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) BETHANY MAGNUS	1.00									
MEMBER	0.00	X					0	0	0	
(21) PHILLIPPA LEWIS MOSS	1.00									
MEMBER	0.00	X					0	0	0	
(22) LANCE CARPENTER	1.00									
MEMBER	0.00	X					0	0	0	
(23) MICHELLE PRATER	40.00									
EXECUTIVE DIRECTOR	0.00			X			115,783	0	6,900	
1b Sub-total							115,783		6,900	
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, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		

Section B. Independent Contractors

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

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.

U Attach to Form 990 or Form 990-EZ.

U Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

**NORTH GEORGIA COMMUNITY FOUNDATION,
INC.**

Employer identification number

**** - *** 0318**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,089,197	5,158,386	6,136,280	7,030,292	9,062,272	30,476,427
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	3,089,197	5,158,386	6,136,280	7,030,292	9,062,272	30,476,427
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)						1,986,967
6 Public support. Subtract line 5 from line 4.						28,489,460

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	3,089,197	5,158,386	6,136,280	7,030,292	9,062,272	30,476,427
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	450,830	468,392	406,008	437,824	455,373	2,218,427
9 Net income from unrelated business activities, whether or not the business is regularly carried on	15,544	31,108	56,095	128,811	173,638	405,196
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	24	84	10,175	17,500	9,662	37,445
11 Total support. Add lines 7 through 10						33,137,495

12 Gross receipts from related activities, etc. (see instructions) 12 177,316

13 **First five 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 2016 (line 6, column (f) divided by line 11, column (f))	14	85.97%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	82.05%

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 14 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Amount, Percentage. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) = 15 %; Row 16: Public support percentage from 2015 Schedule A, Part III, line 15 = 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Amount, Percentage. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) = 17 %; Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17 = 18 %

- 19a 33 1/3% support tests—2016. 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—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) 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 (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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 1-1/2% 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 .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 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

PROGRAM SERVICE REVENUE	\$	27,783
--------------------------------	-----------	---------------

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2016

⌵ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

⌵ **Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.**

Name of the organization

**NORTH GEORGIA COMMUNITY FOUNDATION,
INC.**

Employer identification number

**** - ***0318**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization NORTH GEORGIA COMMUNITY FOUNDATION,	Employer identification number ** - ***0318
--	---

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	FRED AND SARA HOYT P O BOX 12366 ATLANTA GA 30355	\$ 371,974	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ELTON MADDOX 4774 CLARKS BRIDGE RD GAINESVILLE GA 30506	\$ 994,004	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	NORTHEAST GEORGIA HISTORICAL P.O. BOX 1451 GAINESVILLE GA 30503	\$ 184,957	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	LILLIAN FRASER 621 WASHINGTON STREET GAINESVILLE GA 30501	\$ 202,255	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	THE MFS FOUNDATION 2970 LEGISLATIVE LANE BUFORD GA 30519	\$ 469,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTH GEORGIA COMMUNITY FOUNDATION,	Employer identification number ** - ***0318
--	---

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
2	STOCK	\$ 494,004	10/18/16
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Name of the organization

NORTH GEORGIA COMMUNITY FOUNDATION, INC.

Employer identification number

** - *** 0318

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions to, Aggregate value of grants from, Aggregate value at end of year, and two questions about donor advised funds.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include Purpose(s) of conservation easements, Total number of conservation easements, Total acreage restricted, Number of conservation easements on a certified historic structure, Number of conservation easements modified, Number of states where property subject to conservation easement is located, Does the organization have a written policy regarding the periodic monitoring, Staff and volunteer hours devoted to monitoring, Amount of expenses incurred in monitoring, Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, and In Part XIII, describe how the organization reports 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.

Table with 2 columns: Description, Amount. Rows include 1a If the organization elected, as permitted under SFAS 116 (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. 1b If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 are a 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 programs
- e Other

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	90,093,404
1d	48,005,910
1e	-8,938,047
1f	129,161,267

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,343,934	8,110,182	7,483,311	6,607,711	6,555,494
b Contributions	677,880	1,648,955	667,645	342,285	190,171
c Net investment earnings, gains, and losses	631,355	179,652	524,670	1,257,288	835,160
d Grants or scholarships	-2,376,618	-502,855	-481,674	-649,720	-899,912
e Other expenditures for facilities and programs					
f Administrative expenses	-93,886	-92,000	-83,770	-74,253	-73,202
g End of year balance	8,182,665	9,343,934	8,110,182	7,483,311	6,607,711

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 Temporarily restricted endowment %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		<input checked="" type="checkbox"/>
3a(ii)		<input checked="" type="checkbox"/>
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		567,690		567,690
b Buildings		1,920,884	623,411	1,297,473
c Leasehold improvements				
d Equipment		187,393	160,258	27,135
e Other		74,406	60,807	13,599
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	1,905,897

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

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	1,158,246	
(3) ANNUITY LIABILITIES	62,431	
(4) INCOME TAXES PAYABLE	14,055	
(5) SECURITY DEPOSIT	640	
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) <input type="checkbox"/>	1,235,372	

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	11,095,500
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	87,892	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	56,590	
e	Add lines 2a through 2d	2e	144,482	
3	Subtract line 2e from line 1	3	10,951,018	
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	694,217	
c	Add lines 4a and 4b	4c	694,217	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	11,645,235	

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	4,993,120
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	56,590	
e	Add lines 2a through 2d	2e	56,590	
3	Subtract line 2e from line 1	3	4,936,530	
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	2,375,117	
c	Add lines 4a and 4b	4c	2,375,117	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	7,311,647	

Part XIII Supplemental Information.

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

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

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

PART X - FIN 48 FOOTNOTE

NOTE 16 - UNCERTAIN TAX POSITIONS

EFFECTIVE JANUARY 1, 2010, THE FOUNDATION IMPLEMENTED THE NEW ACCOUNTING REQUIREMENTS ASSOCIATED WITH UNCERTAINTY IN INCOME TAXES USING THE PROVISIONS OF FINANCIAL ACCOUNTING STANDARDS BOARD [FASB] ASC 740, INCOME

Part XIII Supplemental Information (continued)

TAXES. THE GUIDANCE PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED BEFORE BEING RECOGNIZED IN THE FINANCIAL STATEMENTS. IT ALSO PROVIDES GUIDANCE FOR DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. AS OF DECEMBER 31, 2016, THE FOUNDATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

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

WITH FEW EXCEPTIONS, THE FOUNDATION IS NO LONGER SUBJECT TO U.S. FEDERAL, STATE, AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE FISCAL YEAR 2013.

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

SPECIAL EVENTS EXPENSE	\$	56,590
------------------------	----	--------

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

FAS 136 DONATIONS	\$	677,880
-------------------	----	---------

FAS 136 INVESTMENT REVENUE	\$	16,337
----------------------------	----	--------

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

SPECIAL EVENTS EXPENSE	\$	56,590
------------------------	----	--------

Part XIII Supplemental Information *(continued)*

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

FAS 136 GRANTS **\$ 2,375,117**

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2016

Department of the Treasury
Internal Revenue Service

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

Ⓛ Attach to Form 990 or Form 990-EZ.

Ⓛ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

**NORTH GEORGIA COMMUNITY FOUNDATION,
INC.**

Employer identification number

**** - ***0318**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

.....

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>DANCING FOR A C</u> (event type)	<u>JEFFREY GAY MEM</u> (event type)	<u>NONE</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	9,662	8,860	18,522
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	9,662	8,860	18,522
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	38,827	8,643	47,470
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-28,948

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
U Attach to Form 990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

U Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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

Employer identification number
**** - *** 0318**

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ACTS RETIREMENT LIFE COMMUNITY - LA 4000 VILLAGE VIEW DRIVE GAINESVILLE GA 30309	** - *** 4771	3	18,614				EDUCATION
(2)	ALLEN CREEK SOCCER COMPLEX 2500 ALLEN CREEK RD GAINESVILLE GA 30549	** - *** 3284	3	6,900				CIVIC/COMMUNITY
(3)	AUSTIN CLASSICAL GUITAR SOCIETY 5900 BALCONES DR #240 AUSTIN TX 73301	** - *** 6207	3	10,000				ENVIRONMENT
(4)	BOY SCOUTS OF AMERICA - NORTHEAST G P.O. BOX 399 JEFFERSON GA 30501	** - *** 6890	3	10,000				CIVIC/COMMUNITY
(5)	BOYS & GIRLS CLUBS OF HALL COUNTY P.O. BOX 691 GAINESVILLE GA 30041	** - *** 6143	3	55,000				SOCIAL SERVICES
(6)	BRENAU UNIVERSITY 500 WASHINGTON ST., SE GAINESVILLE GA 30518	** - *** 3569	3	47,800				EDUCATION
(7)	CAREGIVER'S HOPE, INC. P.O. BOX 94173 ATLANTA GA 30377	** - *** 0137	3	7,000				EDUCATION
(8)	CENTER POINT, INC. 1050 ELEPHANT TRAIL GAINESVILLE GA 30501	** - *** 2833	3	131,514				SOCIAL SERVICES
(9)	CHALLENGED CHILD & FRIENDS, INC. P.O. BOX 5758 GAINESVILLE GA 30504	** - *** 2054	3	184,894				EDUCATION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 77**
- 3 Enter total number of other organizations listed in the line 1 table **u**

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
U Attach to Form 990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

U Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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

Employer identification number
**** - *** 0318**

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CITY OF GAINESVILLE 300 HENRY WARD WAY GAINESVILLE GA 30329	** - *** 2732	GOV	10,000				SOCIAL SERVICES
(2)	CUMMING FIRST UNITED METHODIST CHURCH P.O. BOX 606 CUMMING GA 30028	** - *** 0601	3	10,000				EDUCATION
(3)	EAGLE RANCH, INC. P.O. BOX 7200 CHESTNUT MOUNTAIN GA 30502	** - *** 2867	3	15,500				SOCIAL SERVICES
(4)	ELACHEE NATURE SCIENCE CENTER, INC. 2125 ELACHEE DRIVE GAINESVILLE GA 30504	** - *** 7408	3	70,000				ENVIRONMENT
(5)	FAMILY PROMISE OF HALL COUNTY P.O. BOX 1251 GAINESVILLE GA 30503	** - *** 3768	3	10,000				SOCIAL SERVICES
(6)	FIRST BAPTIST CHURCH OF GAINESVILLE 751 GREEN STREET GAINESVILLE GA 30501	** - *** 4034	3	17,000				RELIGION
(7)	FIRST PRESBYTERIAN CHURCH OF GAINESVILLE 800 S. ENOTA DRIVE, NE GAINESVILLE GA 30501-2431	** - *** 4437	3	27,000				RELIGION
(8)	FORSYTH COUNTY PUBLIC LIBRARY 585 DAHLONEGA ROAD CUMMING GA 30040	** - *** 1388	3	8,500				EDUCATION
(9)	FORSYTH COUNTY SCHOOLS 1120 DAHLONEGA HWY CUMMING GA 30060	** - *** 8307	GOV	63,736				EDUCATION

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
U Attach to Form 990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

U Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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

Employer identification number
**** - *** 0318**

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FRIENDS OF ITN LANIER, INC. 999 CHESTNUT STREET GAINESVILLE GA 30506	** - *** 3049	3	30,590				ENVIRONMENT
(2)	GABRIEL CENTER FOR SERVANT LEADERSH 123 CHURCH STREET, SUITE 150 MARIETTA GA 30501	** - *** 1234	3	118,850				EDUCATION
(3)	GAINESVILLE FIRST UNITED METHODIST 2780 THOMPSON BRIDGE ROAD GAINESVILLE GA 30501	** - *** 0581	3	99,000				ARTS/CULTURE
(4)	GAINESVILLE HALL '96 830 GREEN STREET, NE GAINESVILLE GA 30501	** - *** 3290	3	7,090				RELIGION
(5)	GAINESVILLE-HALL COUNTY ALLIANCE FO 719 WOODSMILL ROAD GAINESVILLE GA 30334	** - *** 1227	3	33,753				EDUCATION
(6)	GAINESVILLE-HALL COUNTY COMMUNITY C 430 PRIOR STREET GAINESVILLE GA 30503	** - *** 0945	3	10,000				EDUCATION
(7)	GATEWAY DOMESTIC VIOLENCE CENTER 1080 DAWSONVILLE HWY GAINESVILLE GA 30308	** - *** 7610	3	7,500				SOCIAL SERVICES
(8)	GEORGIA MOUNTAIN FOOD BANK P.O. BOX 233 GAINESVILLE GA 30503	** - *** 0945	3	43,585				SOCIAL SERVICES
(9)	GEORGIA TECH ATHLETIC ASSOCIATION 760 SPRING STREET, SUITE 400 ATLANTA GA 30503	** - *** 5047	3	50,000				CIVIC/COMMUNITY

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
U Attach to Form 990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

U Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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

Employer identification number
**** - *** 0318**

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	GEORGIA TECH FOUNDATION 760 SPRING STREET, SUITE 400 ATLANTA GA 30501	** - *** 8853	3	41,000				EDUCATION
(2)	GIRLS ON THE RUN NORTH GA 2209 SHARON RD SUWANEE GA 30523	** - *** 4654	3	9,200				EDUCATION
(3)	GOOD NEWS AT NOON, INC. P.O. BOX 1577 GAINESVILLE GA 30503	** - *** 0255	3	10,000				SOCIAL SERVICES
(4)	GOOD NEWS CLINICS, INC. PO BOX 2683 GAINESVILLE GA 30326	** - *** 9321	3	197,708				HEALTH
(5)	GRACE EPISCOPAL CHURCH 422 BRENAU AVENUE GAINESVILLE GA 30501	** - *** 0546	3	25,500				RELIGION
(6)	HABERSHAM COUNTY BOARD OF EDUCATION P.O. BOX 70 CLARKESVILLE GA 30143	** - *** 8817	GOV	74,510				EDUCATION
(7)	HABITAT FOR HUMANITY OF HALL COUNTY PO BOX 2514 GAINESVILLE GA 30503	** - *** 0301	3	161,000				SOCIAL SERVICES
(8)	HART COUNTY HIGH SCHOOL 339 WEST CHURCH STREET HARTWELL GA 30501	** - *** 8050	GOV	5,500				SOCIAL SERVICES
(9)	HUMANE SOCIETY OF NORTHEAST GEORGIA 845 WEST RIDGE ROAD GAINESVILLE GA 30144	** - *** 3349	3	10,000				SOCIAL SERVICES

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
U Attach to Form 990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

U Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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

Employer identification number
**** - *** 0318**

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	JASPER MIDDLE SCHOOL 339 WEST CHURCH STREET JASPER GA 30501	** - *** 4345	GOV	6,505				EDUCATION
(2)	JEFFERSON HIGH SCHOOL 339 WEST CHURCH STREET JEFFERSON GA 30549	** - *** 7096	GOV	10,000				CIVIC/COMMUNITY
(3)	JUNIOR ACHIEVEMENT OF NORTHEAST GEO NORTHEAST DISTRICT P.O. BOX 378 GAINESVILLE GA 30318	** - *** 8299	3	10,000				EDUCATION
(4)	KENNESAW STATE UNIVERSITY FOUNDATIO 1000 CHASTAIN ROAD, MAILBOX 9101 KENNESAW GA 30533	** - *** 6773	3	100,000				SOCIAL SERVICES
(5)	LAKEVIEW ACADEMY 796 LAKEVIEW DRIVE GAINESVILLE GA 30339	** - *** 0857	3	1,613,884				EDUCATION
(6)	LAKEWOOD BAPTIST CHURCH 6301 20TH AVENUE GAINESVILLE GA 30503	** - *** 6431	3	40,000				EDUCATION
(7)	LAMBERT HIGH SCHOOL 805 NICHOLS ROAD SUWANEE GA 30503	** - *** 9238	3	30,000				EDUCATION
(8)	LANIER ISLANDS COMMUNITY CHURCH 6302 LANIER ISLANDS PKWY BUFORD GA 30533	** - *** 5314	3	22,000				EDUCATION
(9)	LANIER TECHNICAL COLLEGE FOUNDATION 2990 LANDRUM EDUCATION DRIVE OAKWOOD GA 30518	** - *** 6788	3	25,000				EDUCATION

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
U Attach to Form 990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

U Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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

Employer identification number
**** - *** 0318**

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	LEUKEMIA & LYMPHOMA SOCIETY, INC. P.O. BOX 70 ATLANTA GA 30577	** - *** 6942	3	15,000				HEALTH
(2)	LUMPKIN COUNTY HIGH SCHOOL 385 E. MAIN STREET DAHLONEGA GA 30503-1451	** - *** 4112	3	325,000				EDUCATION
(3)	MEDICAL ASSOCIATION OF GEORGIA FOUNDATION 1849 THE EXCHANGE, SUITE 200 ATLANTA GA 30033	** - *** 3900	3	20,300				SOCIAL SERVICES
(4)	NEW BEGINNINGS OF FRANKLIN COUNTY GOVERNMENT P.O. BOX 672 MARTIN GA 30345	** - *** 6210	3	6,000				SOCIAL SERVICES
(5)	NO LONGER BOUND, INC. P.O. BOX 1451 CUMMING GA 30143	** - *** 6210	3	10,000				RELIGION
(6)	NORTH GEORGIA HEART FOUNDATION PO BOX 2917 GAINESVILLE GA 30501	** - *** 0301	3	249,000				HEALTH
(7)	NORTH GWINNETT COOPERATIVE P.O. BOX 672 BUFORD GA 30568	** - *** 0517	3	7,000				EDUCATION
(8)	NORTHEAST GEORGIA HISTORY CENTER P.O. BOX 1451 GAINESVILLE GA 30503	** - *** 3430	3	250,000				ARTS/CULTURE
(9)	PEACHTREE PARKWAY IMPROVEMENT DISTRICT 3434 ROSWELL ROAD, NW SUWANEE GA 30571-0460	** - *** 8134	3	10,000				SOCIAL SERVICES

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
U Attach to Form 990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

U Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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

Employer identification number
**** - *** 0318**

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	PICKENS COUNTY MIDDLE SCHOOL 1802 REFUGE ROAD JASPER GA 30040	** - *** 5784	3	6,000				ENVIRONMENT
(2)	QUINLAN VISUAL ARTS CENTER 514 GREEN STREET NE GAINESVILLE GA 30501	** - *** 2321	3	7,000				ARTS/CULTURE
(3)	RABUN GAP - NACOOCHEE SCHOOL 339 NACOOCHEE DRIVE RABUN GAP GA 30566	** - *** 5697	3	5,803				EDUCATION
(4)	RAPE RESPONSE, INC. P.O. BOX 2883 GAINESVILLE GA 30605	** - *** 2247	3	33,753				SOCIAL SERVICES
(5)	SAUTEE NACOOCHEE COMMUNITY ASSOCIAT PO BOX 460 SAUTEE NACOOCHEE GA 30501	** - *** 5665	3	138,395				ARTS/CULTURE
(6)	SEWANEE: UNIVERSITY OF THE SOUTH PO BOX 1605 SEWANEE TN 37375	** - *** 3512	3	20,000				ARTS/CULTURE
(7)	SHARON SPRINGS ATHLETIC ASSOCIATION 735 UNIVERSITY AVENUE CUMMING GA 30501	** - *** 9399	3	30,000				RELIGION
(8)	SOUTH FORSYTH HIGH SCHOOL 585 PEACHTREE PARKWAY CUMMING GA 30501	** - *** 4820	GOV	30,000				RELIGION
(9)	STRAIGHT STREET REVOLUTION MINISTRI 2145 CENTENNIAL DRIVE GAINESVILLE GA 30535	** - *** 0607	3	12,000				CIVIC/COMMUNITY

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
U Attach to Form 990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

U Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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

Employer identification number
**** - *** 0318**

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	STRINGS OF MERCY PO BOX 2158 CUMMING GA 30041	** - *** 2932	3	7,500				SOCIAL SERVICES
(2)	THE MARCUS J. BORG FOUNDATION, INC. PO BOX 189 POWELL BUTTE OR 97753	** - *** 3091	3	7,081				ARTS/CULTURE
(3)	THE MEDICAL CENTER FOUNDATION, INC. 339 NACOOCHEE DRIVE GAINESVILLE GA 30597	** - *** 6462	3	87,021				HEALTH
(4)	THE SALVATION ARMY P.O. BOX 2883 GAINESVILLE GA 30503	** - *** 6297	3	27,000				SOCIAL SERVICES
(5)	THE TORCH WORSHIP CENTER PO BOX 460 DEMOREST GA 30602	** - *** 1393	3	15,000				CIVIC/COMMUNITY
(6)	UNITED WAY OF FORSYTH COUNTY, INC. PO BOX 1605 CUMMING GA 30533	** - *** 3837	3	10,000				CIVIC/COMMUNITY
(7)	UNITED WAY OF HALL COUNTY P.O. BOX 2656 GAINESVILLE GA 30334	** - *** 6297	3	115,736				SOCIAL SERVICES
(8)	UNIVERSITY OF GEORGIA FOUNDATION 394 SOUTH MILLEDGE AVENUE ATHENS GA 30528	** - *** 3106	3	20,000				SOCIAL SERVICES
(9)	UNIVERSITY OF NORTH GEORGIA FOUNDATION PO BOX 1599 DAHLONEGA GA 30501	** - *** 0346	3	150,500				EDUCATION

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

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization NORTH GEORGIA COMMUNITY FOUNDATION, INC.

Employer identification number ** - *** 0318

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows include Walmart, Whispering Angels Youth Ranch, White County School System, Women for Women International, and Young Harris College.

- 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	158	195,167			
2					
3					
4					
5					
6					
7					

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

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2016, or tax year beginning , and ending

2016

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

Employer identification number

**** - ***0318**

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

GRANTMAKING DUE DILIGENCE PROCEDURE

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

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

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

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

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

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

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

Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2016, or tax year beginning , and ending

2016

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

Employer identification number

**** - ***0318**

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

DUE DILIGENCE INVESTIGATION

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

EVIDENCE OF QUALIFICATION

*FOR A NONPROFIT, 509(A)(1) CHARITABLE ORGANIZATION, THIS REQUIREMENT MAY
BE SATISFIED BY PROVIDING A COPY OF THE ORGANIZATION'S OR ITS FISCAL
SPONSOR'S CURRENT CERTIFICATION AS A NONPROFIT ORGANIZATION PURSUANT TO
SECTION 501(C) 3 OF THE INTERNAL REVENUE CODE (ADVANCE RULINGS ARE
ACCEPTABLE). THIS REQUIREMENT MAY ALSO BE SATISFIED BY USING THE GUIDESTAR
CHARITY CHECK SERVICE. IF THE NOMINEE ORGANIZATION IS CLASSIFIED BY THE
IRS AS A 509(A)(3) SUPPORTING ORGANIZATION, NGCF'S "DUE DILIGENCE PROCESS
FOR GRANTS FROM DONOR ADVISED FUNDS TO 509(A)(3) SUPPORTING ORGANIZATIONS"
MUST BE USED.

*FOR AN EDUCATIONAL, RELIGIOUS, OR PUBLIC ENTITY, THE QUALIFICATION
REQUIREMENT MAY BE SATISFIED BY PROVIDING SIMILAR EVIDENCE OF THE ENTITY'S
OFFICIAL STATUS IN THAT CATEGORY.

Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2016, or tax year beginning , and ending

2016

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

Employer identification number

**** - ***0318**

*NGCF WILL CONSIDER EXCEPTIONS TO THE ABOVE ON A CASE-BY-CASE BASIS, TAKING INTO ACCOUNT THE ADDITIONAL DOCUMENTATION THAT IS REQUIRED.

*GRANTS WILL NOT BE MADE TO SPECIFIC INDIVIDUALS AND GENERALLY NOT TO FOREIGN CHARITIES.

ANALYSIS

*ONCE THE PERTINENT MATERIALS HAVE BEEN RECEIVED, THEN NGCF WILL REVIEW THESE MATERIALS AND DETERMINE WHETHER THE PROSPECTIVE GRANTEE QUALIFIES FOR A GRANT DISTRIBUTION.

*IF THE NGCF DUE DILIGENCE INVESTIGATION DETERMINES THAT THE PROSPECTIVE GRANTEE QUALIFIES FOR A GRANT DISTRIBUTION, THEN THE GRANT MAY MOVE FORWARD IN THE GRANT AWARD PROCESS.

*IF THE NGCF DUE DILIGENCE INVESTIGATION DETERMINES THAT MORE INFORMATION IS NEEDED BEYOND THE SCOPE OF DUE DILIGENCE INFORMATION PRESCRIBED IN THIS POLICY, THEN NGCF SHALL REQUEST THAT SPECIFIC INFORMATION AND, UPON RECEIVING IT, SHALL REASSESS WHETHER THE PROSPECTIVE GRANTEE QUALIFIES FOR A GRANT DISTRIBUTION.

*IF THE NGCF DUE DILIGENCE INVESTIGATION DETERMINES THAT THE PROSPECTIVE GRANTEE DOES NOT QUALIFY FOR A GRANT DISTRIBUTION, THEN NGCF SHALL INFORM THE PROSPECTIVE GRANTEE, AND IF APPLICABLE, THE DONOR ADVISOR TO THE FUND MAKING THE GRANT, OF THIS DECISION AND THE APPLICATION, DESIGNATION, OR NOMINATION SHALL BE CONSIDERED REJECTED.

PRIOR DATA: FOR NONPROFIT, CHARITABLE, EDUCATIONAL, RELIGIOUS, OR PUBLIC ORGANIZATIONS INFORMATION PROVIDED WITHIN THREE YEARS OF CURRENT CONSIDERATION MAY BE CONSIDERED SUFFICIENT BY NGCF STAFF. IF INFORMATION ON FILE INDICATES AN ADVANCED RULING FOR SECTION 501(C)(3) STATUS, THEN

Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2016, or tax year beginning , and ending

2016

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

Employer identification number

**** - ***0318**

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

EVIDENCE OF PROGRAM CAPACITY (FOR COMPETITIVE GRANTS ONLY):

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

*SUBMISSION OF FINANCIAL INFORMATION,

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

EVIDENCE OF COMMITMENT TO GRANT TERMS

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

DUE DILIGENCE PROCESS FOR GRANTS

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

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

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

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

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

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

THE NORTH GEORGIA COMMUNITY FOUNDATION DOES NOT MAKE GRANTS TO SUPPORTING

Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2016, or tax year beginning

, and ending

2016

Name of the organization

NORTH GEORGIA COMMUNITY FOUNDATION,
INC.

Employer identification number

**** - ***0318**

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

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

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

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

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

Supplemental Information

**SCHEDULE I
(Form 990)**

2016

For calendar year 2016, or tax year beginning , and ending

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

Employer identification number

**** - ***0318**

E. CONTROL BY ONE OR MORE DISQUALIFIED PERSONS: A SUPPORTING OR SUPPORTED ORGANIZATION IS CONTROLLED BY ONE OR MORE DISQUALIFIED PERSONS [COMMUNITY FOUNDATION DONOR ADVISOR(S)] IF ANY SUCH PERSONS BY AGGREGATING THEIR VOTES OR POSITIONS OF AUTHORITY, COULD REQUIRE THE SUPPORTING OR SUPPORTED ORGANIZATION TO MAKE AN EXPENDITURE, OR PREVENT THE SUPPORTING OR SUPPORTED ORGANIZATION FROM MAKING AN EXPENDITURE, REGARDLESS OF THE METHOD BY WHICH THE CONTROL IS EXERCISED OR EXERCISABLE.

WHEN A DONOR RECOMMENDS A GRANT TO A 509(A)(3) SUPPORTING ORGANIZATION, THE FOLLOWING STEPS MUST BE TAKEN BEFORE THE GRANT IS APPROVED AND PAID:

I. DETERMINATION OF TYPE OF SUPPORTING ORGANIZATION

1. PROGRAM/DONOR SERVICES STAFF WILL OBTAIN THE FOLLOWING DOCUMENTATION FROM THE ORGANIZATION FOR WHICH A GRANT IS RECOMMENDED:

A. A REASONED WRITTEN OPINION OF THEIR LEGAL COUNSEL CONCLUDING THAT THE ORGANIZATION IS A TYPE I, TYPE II, OR FUNCTIONALLY INTEGRATED TYPE III SUPPORTING ORGANIZATION. THE LETTER SHOULD STIPULATE THAT COUNSEL HAS REVIEWED THE ORGANIZATION'S GOVERNING INSTRUMENTS AND SHOULD STATE THE REASONS FOR THEIR CONCLUSIONS INCLUDING REFERENCE TO APPROPRIATE SECTIONS OF THE PENSION PROTECTION ACT OF 2006.

2. THE PROGRAM/DONOR SERVICES STAFF WILL REVIEW THE OPINION LETTER FOR APPROVAL, AND WILL DOCUMENT IN WRITING ON THE OPINION LETTER TODAY'S DATE, INITIALS, AND THE APPROVED TYPE STATUS AND WILL PROCEED TO STEP II (A).

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

Supplemental Information

SCHEDULE I
(Form 990)

For calendar year 2016, or tax year beginning

, and ending

2016

Name of the organization

**NORTH GEORGIA COMMUNITY FOUNDATION,
INC.**

Employer identification number

**** - ***0318**

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

II. DETERMINATION OF CONTROL BY DISQUALIFIED PERSON(S)

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

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

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

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

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

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

Supplemental Information

**SCHEDULE I
(Form 990)**

2016

For calendar year 2016, or tax year beginning , and ending

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

Employer identification number

**** - ***0318**

**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 M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

**Open To Public
Inspection**

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

Attach to Form 990.

Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Name of the organization

**NORTH GEORGIA COMMUNITY FOUNDATION,
INC.**

Employer identification number

****-***0318**

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	1	768,631	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 <input type="checkbox"/> ()				
26 Other <input type="checkbox"/> ()				
27 Other <input type="checkbox"/> ()				
28 Other <input type="checkbox"/> ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a	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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

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, EDWARD JONES, REGIONS/MORGAN
KEEGAN AND SMITH BARNEY**

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

Ⓛ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

**NORTH GEORGIA COMMUNITY FOUNDATION,
INC.**

Employer identification number

**** - ***0318**

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

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

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS ALL SALARIES AND
USES THE COUNCIL OF FOUNDATIONS ANNUAL SALARY REVIEW AS A GUIDELINE. ALL
EMPLOYEES ARE EVALUATED ANNUALLY.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
AN EMPLOYEE'S COMPENSATION IS DETERMINED ON THE BASIS OF HIS/HER
PERFORMANCE, THE JOB EVALUATION AND CLASSIFICATION, COMPARATIVE SALARY
SCALES, COST OF LIVING, DOLLARS AVAILABLE TO THE ORGANIZATION AND OTHER
BUSINESS FACTORS.

IT IS THE FOUNDATION'S GOAL TO CONDUCT PERFORMANCE APPRAISALS, AT LEAST
ANNUALLY, INCLUDING A DISCUSSION BETWEEN SUPERVISOR AND EMPLOYEE. THIS MAY
INCLUDE A WRITTEN APPRAISAL, WHICH WILL FOCUS ON THE EMPLOYEE'S JOB

Name of the organization

Employer identification number

NORTH GEORGIA COMMUNITY FOUNDATION,

**** - ***0318**

RESPONSIBILITIES, AREAS OF STRENGTH, FURTHER IMPROVEMENT OR DEVELOPMENT.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

THE GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

FAS 136 UNREALIZED \$ 519,435

Filing Instructions

NORTH GEORGIA COMMUNITY FOUNDATION, INC.

Exempt Organization Business Tax Return

Taxable Year Ended December 31, 2016

Date Due: AS SOON AS POSSIBLE

Remittance: Your Form 990-T for the tax year ended 12/31/16 shows a balance due of \$83. No remittance is to be filed with Form 990-T, but a payment in the amount of \$83 should be made by a method of Electronic Funds Transfer (EFT) on or before the above date. If using the ACH Debit Remittance Method, contact the EFTPS Financial Agent of the U.S. Treasury and direct the Agent to initiate a withdrawal from your account. If using the ACH Credit Remittance Method, contact your financial institution to initiate this tax payment.

Mail To: Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

If a private delivery service is used, mail to:
OSPC
1973 Rulon White Blvd.
Ogden, UT 84201-1000

Signature: The return should be signed and dated on Page 2 by an officer representing the organization.

Form **990-T**

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

OMB No. 1545-0687

2016

Department of the Treasury
Internal Revenue Service

For calendar year 2016 or other tax year beginning _____, and ending _____
U Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
U Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c) (3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	<p>Print or Type</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) NORTH GEORGIA COMMUNITY FOUNDATION, INC.</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 615 OAK ST. NW STE 1300</p> <p>City or town, state or province, country, and ZIP or foreign postal code GAINESVILLE GA 30501</p>	<p>D Employer identification number (Employees' trust, see instructions.) ** - *** 0318</p> <p>E Unrelated business activity codes (See instructions.) 561000</p>
<p>C Book value of all assets at end of year 50,915,319</p>	<p>F Group exemption number (See instructions.) U</p> <p>G Check organization type <input type="checkbox"/> <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>		

H Describe the organization's primary unrelated business activity.
U ADMINISTRATIVE ASSISTANCE

I 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.
U

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

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 211,751			
b	Less returns and allowances			
c Balance U		1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		211,751
4a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships and S corporations (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7		
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See instructions; attach schedule)	12		
13	Total. Combine lines 3 through 12	13	211,751	211,751

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)	14	11,578
15	Salaries and wages	15	18,085
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule)	18	
19	Taxes and licenses	19	2,373
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)	21	742
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	742
23	Depletion	23	
24	Contributions to deferred compensation plans	24	
25	Employee benefit programs	25	183
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATEMENT 1	28	15,730
29	Total deductions. Add lines 14 through 28	29	48,691
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	163,060
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	163,060
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	1,000
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	162,060

Part III Tax Computation

Table with 4 columns: Line number, Description, Amount, and Total. Rows include Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), Tax on Non-Compliant Facility Income (39), and Total (40).

Part IV Tax and Payments

Table with 4 columns: Line number, Description, Amount, and Total. Rows include Foreign tax credit (41a-41e), Other taxes (42), Total tax (43), Total tax payments (44), Payments (45a-45g), Estimated tax penalty (47), Tax due (48), Overpayment (49), and Credited to 2017 estimated tax (50).

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

Table with 3 columns: Question number, Question text, and Yes/No response. Questions 51, 52, and 53 regarding foreign interests, distributions, and tax-exempt interest.

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 and title information for J. CHRIS HOLLIFIELD, EXECUTIVE DIRECTOR. Includes fields for Print/Type preparer's name, Preparer's signature, Date, Check self-employed, and PTIN.

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

Schedule A – Cost of Goods Sold. Enter method of inventory valuation

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

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property		
(1) N/A		
(2)		
(3)		
(4)		
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)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) <u> </u>
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) <u> </u>		

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		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 schedule)	(b) Other deductions (attach schedule)
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals <u> </u>			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 <u> </u>				

Schedule F – 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 inc.	6. Deductions directly connected with income in column 5
(1) N/A					
(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 page 1, Part I, line 8, column (A).
 Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Totals **U**

Schedule G – 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 schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				

Enter here and on page 1, Part I, line 9, column (A).
 Enter here and on page 1, Part I, line 9, column (B).

Totals **U**

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						

Enter here and on page 1, Part I, line 10, col. (A).
 Enter here and on page 1, Part I, line 10, col. (B).
 Enter here and on page 1, Part II, line 26.

Totals **U**

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						

Totals (carry to Part II, line (5)) ... **U**

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I u						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5) u						

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) MICHELLE PRATER	EXECUTIVE DIRECTOR	10.00 %	11,578
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		u	11,578

Form **2220**

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

2016

Department of the Treasury
Internal Revenue Service

Ⓛ Attach to the corporation's tax return.

Ⓛ Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.

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

Employer identification number
****-***0318**

Note: Generally, the corporation isn't 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	46,453
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 doesn't owe the penalty	3	46,453
4	Enter the tax shown on the corporation's 2015 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	27,912
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	27,912

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 doesn't 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 column (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	04/15/16	06/15/16	09/15/16	12/15/16
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	6,978	6,978	6,978	6,978
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions. <i>Complete lines 12 through 18 of one column before going to the next column.</i>	11	6,225		14,709	6,978
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13			14,709	6,978
14 Add amounts on lines 16 and 17 of the preceding column	14		753	7,731	
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	6,225	0	6,978	6,978
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		753	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	753	6,978		
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				

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

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2016)

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 4/15/2016 and before 7/1/2016	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{366} \times 4\% (0.04)$	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2016 and before 10/1/2016	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{366} \times 4\% (0.04)$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2016 and before 1/1/2017	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25}}{366} \times 4\% (0.04)$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2016 and before 4/1/2017	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365} \times 4\% (0.04)$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2017 and before 7/1/2017	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365} \times \%$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2017 and before 10/1/2017	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31}}{365} \times \%$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2017 and before 1/1/2018	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33}}{365} \times \%$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2017 and before 3/16/2018	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35}}{365} \times \%$	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 33; or the comparable line for other income tax returns			38	\$ 83

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form 2220 Worksheet

Form **2220**

2016

For calendar year 2016, or tax year beginning _____, and ending _____

Name

**NORTH GEORGIA COMMUNITY FOUNDATION,
INC.**

Employer Identification Number

**** - ***0318**

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>04/15/16</u>	<u>06/15/16</u>	<u>09/15/16</u>	<u>12/15/16</u>
Amount of underpayment	<u>753</u>	<u>6,978</u>		
Prior year overpayment applied	<u>6,225</u>			

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment			<u>09/15/16</u>	<u>12/15/16</u>	
Amount of payment			<u>14,709</u>	<u>6,978</u>	

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PENALTY
1	4/15/16	9/15/16	753	153	4.00	13
2	6/15/16	9/15/16	6,978	92	4.00	70
TOTAL PENALTY						83
						=====

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No. 1545-0172
2016
 Attachment Sequence No. **179**

Name(s) shown on return **NORTH GEORGIA COMMUNITY FOUNDATION, INC.**

Identifying number
****-***0318**

Business or activity to which this form relates
INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	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	2,010,000
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 2015 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 2017. 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	52,309

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 2016	17	125
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/>		

Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	52,434
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Statements

Statement 1 - Form 990-T, Part II, Line 28 - Other Deductions

<u>Description</u>	<u>Amount</u>
OFFICE SUPPLIES	\$ 150
COMPUTER MAINT	14,740
OTHER FACILITIES COST	840
TOTAL	<u>\$ 15,730</u>

_*0318

Federal Asset Report

FYE: 12/31/2016

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:										
79	Liberty 1 HP Grinder Sewage Pump	12/18/14	1,605		X	802	10	MQ200DB	979	125
			<u>1,605</u>			<u>802</u>			<u>979</u>	<u>125</u>
Other Depreciation:										
6	4 DRAWER FILE	11/25/98	589			589	10	MO S/L	589	0
8	FURNITURE	7/01/85	21,395			21,395	10	MO S/L	21,395	0
9	BOARD ROOM FURNITURE	6/28/99	9,463			9,463	10	MO S/L	9,463	0
10	FIRE KING FILES (2)	6/30/99	1,284			1,284	10	MO S/L	1,284	0
15	LAND - 611 OAK ST	3/26/01	94,292			94,292	0	-- Land	0	0
16	LAND - 615 OAK ST	3/26/01	142,046			142,046	0	-- Land	0	0
17	BUILDING - 615 A-E OAK ST PURCHAS	3/26/01	486,905			486,905	40	MO S/L	179,546	12,173
18	615 F OAK ST IMPROVEMENTS	12/14/01	559,877			559,877	40	MO S/L	197,123	13,997
24	GRADING - 615 OAK ST	12/14/01	3,770			3,770	15	MO S/L	3,540	230
25	LANDSCAPING - 615 OAK ST	12/14/01	21,372			21,372	15	MO S/L	20,066	1,306
26	PAVING - 615 OAK ST	12/14/01	22,190			22,190	5	MO S/L	22,190	0
27	DEMOLITION - 615 OAK ST	12/14/01	6,500			6,500	0	-- Memo	0	0
28	BUILDING - 615 F OAK ST PURCHASE	3/26/01	103,999			103,999	40	MO S/L	38,350	2,600
29	615 A-E OAK ST IMPROVEMENTS	12/14/01	26,695			26,695	40	MO S/L	9,399	667
31	POWERHEART RD BIPHASIC DEFIBILI	4/23/02	1,963			1,963	10	MO S/L	1,963	0
34	FIRE KING 4-DRAWER FILE CABINET	11/30/03	674			674	10	MO S/L	674	0
36	LCD PROJECTOR	11/30/03	2,354			2,354	5	MO S/L	2,354	0
37	CONFERENCE PHONE	11/30/03	541			541	5	MO S/L	541	0
38	DELL 2400 COMPUTER - NGNN	10/20/03	977			977	5	MO S/L	977	0
	Sold/Scrapped: 12/31/16									
40	DELL INSPIRON 1150 LAPTOP COMPU	11/15/04	2,428			2,428	5	MO S/L	2,428	0
	Sold/Scrapped: 12/31/16									
41	SCHWAB 4-DRAWER FIREPROOF FILE	11/17/04	1,185			1,185	10	MO S/L	1,185	0
42	CARRIER HEAT PUMP FOR 615C	4/11/05	2,900			2,900	40	MO S/L	779	73
44	FRIGIDAIRE HEAT PUMP & AIR HAND	5/05/06	2,900			2,900	40	MO S/L	701	72
45	4 DRAWER LEGAL FIRE KING FILES	2/27/06	1,528			1,528	10	MO S/L	1,503	25
50	LAND - LAKE RABUN PAVILION	8/10/05	331,352			331,352	0	-- Land	0	0
51	PAVILION - LAKE RABUN	12/01/06	700,964			700,964	40	MO S/L	159,177	17,524
56	BLACKBAUD NETCOMMUNITY SOFTV	6/27/08	77,022			77,022	5	MO S/L	77,022	0
57	SONICWALL SSL VPN200 VPN GATEW	4/16/08	1,120			1,120	5	MO S/L	1,120	0
	Sold/Scrapped: 12/31/16									
58	BURGLAR AND FIRE ALARM SYSTEM	2/13/08	1,456			1,456	40	MO S/L	288	37
60	HP COMPAQ DX2450 DESKTOP COMPI	11/14/08	922			922	5	MO S/L	922	0
	Sold/Scrapped: 12/31/16									
63	SONICWALL TZ180 TOTAL SECURE 25	8/11/08	750			750	5	MO S/L	750	0
	Sold/Scrapped: 12/31/16									
64	UPPER PARKING LOT DRAINAGE PRO	10/27/08	9,325			9,325	15	MO S/L	4,455	622
65	PATH TO OVERFLOW PARKING LOT P	10/09/08	8,800			8,800	15	MO S/L	4,253	587
66	PRESSURE GROUTING/FLOOR LEVELI	12/08/08	15,850			15,850	40	MO S/L	2,807	396
67	HP COMPAQ WORKSTATION COMPUT	3/31/10	863			863	5	MO S/L	863	0
68	CUSTOM BUILT COMPUTER - JIM	10/15/10	760			760	5	MO S/L	760	0
	Sold/Scrapped: 12/31/16									
70	WEBSITE DESIGN	9/07/12	8,000			8,000	5	MO S/L	5,333	1,600
71	HEAT PUMP - INDOOR	2/09/12	2,000			2,000	10	MO S/L	783	200
72	HEAT PUMP - OUTDOOR	2/09/12	2,000			2,000	10	MO S/L	783	200
73	CARRIER 2 TON HEAT PUMP - SUITE A	3/01/13	0			0	0	HY	0	0
74	CARRIER 3 TON HEAT PUMP - SUITE C	3/01/13	0			0	0	HY	0	0
75	PAPER SHREDDER	1/21/13	0			0	0	HY	0	0
	Sold/Scrapped: 12/31/16									
76	CARRIER 3 TON A/C UNIT - SUITE 700	10/08/13	0			0	0	HY	0	0
77	LANDSCAPING PRIVACY SCREEN	11/11/13	0			0	0	HY	0	0
78	NETGEAR PROSAFE 48-PORT GIGABIT	8/26/13	0			0	0	HY	0	0
80	HP Laser Jet P3015 Printer	2/18/14	0			0	0	HY	0	0
81	HP Laser Jet Printer P3015N	12/23/14	0			0	0	HY	0	0
82	TIER 2 BACKUP APPLIANCE - 500GB	9/23/15	0			0	0	HY	0	0
83	WATER HEATER - SUITE C	9/30/15	0			0	0	HY	0	0
84	CARRIER 2 TON AIR HANDLING UNIT	5/26/15	0			0	0	HY	0	0
85	DELL OPTIPLEX DESKTOP - CALLIE	6/04/15	0			0	0	HY	0	0
86	HP LAPTOP - MEGAN	11/09/15	0			0	0	HY	0	0
87	75" SAMSUNG LED FLAT SCREEN SMA	12/08/15	0			0	0	HY	0	0
88	55" SAMSUNG LED FLAT SCREEN SMA	12/08/15	0			0	0	HY	0	0
89	55" SAMSUNG LED FLAT SCREEN SMA	12/08/15	0			0	0	HY	0	0
90	HP LAPTOP, DOCKING STATION, MON	10/01/15	0			0	0	HY	0	0

_*0318

Federal Asset Report

FYE: 12/31/2016

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
91	SPECTRUM WEB SYSTEM ENTERPRIS	4/01/15	0			0	0 HY	0	0
92	HP ELITEBOOK 850 G2 - LISA'S LAPTO	2/09/16	0			0	0 HY	0	0
93	SONICWALL FIREWALL TZ 300 UTM E	3/02/16	0			0	0 HY	0	0
94	HP PROBOOK 650 LAPTOP - MARGAU?	10/20/16	0			0	0 HY	0	0
	Total Other Depreciation		<u>2,679,011</u>			<u>2,679,011</u>		<u>775,366</u>	<u>52,309</u>
	Total ACRS and Other Depreciation		<u>2,679,011</u>			<u>2,679,011</u>		<u>775,366</u>	<u>52,309</u>
	Grand Totals		2,680,616			2,679,813		776,345	52,434
	Less: Dispositions and Transfers		6,957			6,957		6,957	0
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>2,673,659</u>			<u>2,672,856</u>		<u>769,388</u>	<u>52,434</u>

_*0318

GA Asset Report

FYE: 12/31/2016

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
Prior MACRS:								
79	Liberty 1 HP Grinder Sewage Pump	12/18/14	1,605	1,605	353	250	125	-125
			<u>1,605</u>	<u>1,605</u>	<u>353</u>	<u>250</u>	<u>125</u>	<u>-125</u>
Other Depreciation:								
6	4 DRAWER FILE	11/25/98	589	589	589	0	0	0
8	FURNITURE	7/01/85	21,395	21,395	21,395	0	0	0
9	BOARD ROOM FURNITURE	6/28/99	9,463	9,463	9,463	0	0	0
10	FIRE KING FILES (2)	6/30/99	1,284	1,284	1,284	0	0	0
15	LAND - 611 OAK ST	3/26/01	94,292	94,292	0	0	0	0
16	LAND - 615 OAK ST	3/26/01	142,046	142,046	0	0	0	0
17	BUILDING - 615 A-E OAK ST PURCHAS	3/26/01	486,905	486,905	179,546	12,173	12,173	0
18	615 F OAK ST IMPROVEMENTS	12/14/01	559,877	559,877	197,123	13,997	13,997	0
24	GRADING - 615 OAK ST	12/14/01	3,770	3,770	3,540	230	230	0
25	LANDSCAPING - 615 OAK ST	12/14/01	21,372	21,372	20,066	1,306	1,306	0
26	PAVING - 615 OAK ST	12/14/01	22,190	22,190	22,190	0	0	0
27	DEMOLITION - 615 OAK ST	12/14/01	6,500	6,500	0	0	0	0
28	BUILDING - 615 F OAK ST PURCHASE	3/26/01	103,999	103,999	38,350	2,600	2,600	0
29	615 A-E OAK ST IMPROVEMENTS	12/14/01	26,695	26,695	9,399	667	667	0
31	POWERHEART RD BIPHASIC DEFIBILI	4/23/02	1,963	1,963	1,963	0	0	0
34	FIRE KING 4-DRAWER FILE CABINET	11/30/03	674	674	674	0	0	0
36	LCD PROJECTOR	11/30/03	2,354	2,354	2,354	0	0	0
37	CONFERENCE PHONE	11/30/03	541	541	541	0	0	0
38	DELL 2400 COMPUTER - NGNN	10/20/03	977	977	977	0	0	0
	Sold/Scrapped: 12/31/16							
40	DELL INSPIRON 1150 LAPTOP COMPU	11/15/04	2,428	2,428	2,428	0	0	0
	Sold/Scrapped: 12/31/16							
41	SCHWAB 4-DRAWER FIREPROOF FILE	11/17/04	1,185	1,185	1,185	0	0	0
42	CARRIER HEAT PUMP FOR 615C	4/11/05	2,900	2,900	779	73	73	0
44	FRIGIDAIRE HEAT PUMP & AIR HAND	5/05/06	2,900	2,900	701	72	72	0
45	4 DRAWER LEGAL FIRE KING FILES	2/27/06	1,528	1,528	1,503	25	25	0
50	LAND - LAKE RABUN PAVILION	8/10/05	331,352	331,352	0	0	0	0
51	PAVILION - LAKE RABUN	12/01/06	700,964	700,964	159,177	17,524	17,524	0
56	BLACKBAUD NETCOMMUNITY SOFTV	6/27/08	77,022	77,022	77,022	0	0	0
57	SONICWALL SSL VPN200 VPN GATEW	4/16/08	1,120	1,120	1,120	0	0	0
	Sold/Scrapped: 12/31/16							
58	BURGLAR AND FIRE ALARM SYSTEM	2/13/08	1,456	1,456	288	37	37	0
60	HP COMPAQ DX2450 DESKTOP COMPI	11/14/08	922	922	922	0	0	0
	Sold/Scrapped: 12/31/16							
63	SONICWALL TZ180 TOTAL SECURE 25	8/11/08	750	750	750	0	0	0
	Sold/Scrapped: 12/31/16							
64	UPPER PARKING LOT DRAINAGE PRO	10/27/08	9,325	9,325	4,455	622	622	0
65	PATH TO OVERFLOW PARKING LOT P	10/09/08	8,800	8,800	4,253	587	587	0
66	PRESSURE GROUTING/FLOOR LEVEL	12/08/08	15,850	15,850	2,807	396	396	0
67	HP COMPAQ WORKSTATION COMPUT	3/31/10	863	863	863	0	0	0
68	CUSTOM BUILT COMPUTER - JIM	10/15/10	760	760	760	0	0	0
	Sold/Scrapped: 12/31/16							
70	WEBSITE DESIGN	9/07/12	8,000	8,000	5,333	1,600	1,600	0
71	HEAT PUMP - INDOOR	2/09/12	2,000	2,000	783	200	200	0
72	HEAT PUMP - OUTDOOR	2/09/12	2,000	2,000	783	200	200	0
73	CARRIER 2 TON HEAT PUMP - SUITE A	3/01/13	0	0	0	0	0	0
74	CARRIER 3 TON HEAT PUMP - SUITE C	3/01/13	0	0	0	0	0	0
75	PAPER SHREDDER	1/21/13	0	0	0	0	0	0
	Sold/Scrapped: 12/31/16							
76	CARRIER 3 TON A/C UNIT - SUITE 700	10/08/13	0	0	0	0	0	0
77	LANDSCAPING PRIVACY SCREEN	11/11/13	0	0	0	0	0	0
78	NETGEAR PROSAFE 48-PORT GIGABIT	8/26/13	0	0	0	0	0	0
80	HP Laser Jet P3015 Printer	2/18/14	0	0	0	0	0	0
81	HP Laser Jet Printer P3015N	12/23/14	0	0	0	0	0	0
82	TIER 2 BACKUP APPLIANCE - 500GB	9/23/15	0	0	0	0	0	0
83	WATER HEATER - SUITE C	9/30/15	0	0	0	0	0	0
84	CARRIER 2 TON AIR HANDLING UNIT	5/26/15	0	0	0	0	0	0
85	DELL OPTIPLEX DESKTOP - CALLIE	6/04/15	0	0	0	0	0	0
86	HP LAPTOP - MEGAN	11/09/15	0	0	0	0	0	0
87	75" SAMSUNG LED FLAT SCREEN SMA	12/08/15	0	0	0	0	0	0
88	55" SAMSUNG LED FLAT SCREEN SMA	12/08/15	0	0	0	0	0	0
89	55" SAMSUNG LED FLAT SCREEN SMA	12/08/15	0	0	0	0	0	0
90	HP LAPTOP, DOCKING STATION, MON	10/01/15	0	0	0	0	0	0

_*0318

GA Asset Report

FYE: 12/31/2016

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
91	SPECTRUM WEB SYSTEM ENTERPRIS	4/01/15	0	0	0	0	0	0
92	HP ELITEBOOK 850 G2 - LISA'S LAPTO	2/09/16	0	0	0	0	0	0
93	SONICWALL FIREWALL TZ 300 UTM E	3/02/16	0	0	0	0	0	0
94	HP PROBOOK 650 LAPTOP - MARGAU?	10/20/16	0	0	0	0	0	0
Total Other Depreciation			<u>2,679,011</u>	<u>2,679,011</u>	<u>775,366</u>	<u>52,309</u>	<u>52,309</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>2,679,011</u>	<u>2,679,011</u>	<u>775,366</u>	<u>52,309</u>	<u>52,309</u>	<u>0</u>
Grand Totals			2,680,616	2,680,616	775,719	52,559	52,434	-125
Less: Dispositions			6,957	6,957	6,957	0	0	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			<u>2,673,659</u>	<u>2,673,659</u>	<u>768,762</u>	<u>52,559</u>	<u>52,434</u>	<u>-125</u>

_*0318

Bonus Depreciation Report

FYE: 12/31/2016

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
79	Liberty 1 HP Grinder Sewage Pump	12/18/14	1,605		0	0	803	802
	Form 990, Page 1		<u>1,605</u>		<u>0</u>	<u>0</u>	<u>803</u>	<u>802</u>
	Grand Total		<u>1,605</u>		<u>0</u>	<u>0</u>	<u>803</u>	<u>802</u>

_*0318

Depreciation Adjustment Report

FYE: 12/31/2016

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

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

OMB No. 1545-0976

2017

1	Unrelated business taxable income expected in the tax year	1	162,060
2	Tax on the amount on line 1. See instructions for tax computation	2	46,453
3	Alternative minimum tax. See instructions	3	
4	Total. Add lines 2 and 3	4	46,453
5	Estimated tax credits. See instructions	5	
6	Subtract line 5 from line 4	6	46,453
7	Other taxes. See instructions	7	
8	Total. Add lines 6 and 7	8	46,453
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	46,453
b	Enter the tax shown on the 2016 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	46,453
c	2017 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	46,453

		(a)	(b)	(c)	(d)	
11	Installment due dates. See instructions	11	04/18/17	06/15/17	09/15/17	12/15/17
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	11,614	11,614	11,614	11,614
13	2016 Overpayment. See instructions	13				
14	Payment due (Subtract line 13 from line 12)	14	11,614	11,614	11,614	11,614

For Paperwork Reduction Act Notice, see instructions.

Form **990-W** (2017)

Form 990	Two Year Comparison Report	2015 & 2016
For calendar year 2016, or tax year beginning _____, ending _____		

Name **NORTH GEORGIA COMMUNITY FOUNDATION, INC.** Taxpayer Identification Number **** - *** 0318**

		2015	2016	Differences
R e v e n u e	1. Contributions, gifts, grants	7,030,292	9,062,272	2,031,980
	2. Membership dues and assessments			
	3. Government contributions and grants			
	4. Program service revenue	396,490	461,552	65,062
	5. Investment income	437,824	374,028	-63,796
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory	-425,912	1,785,451	2,211,363
	8. Net income or (loss) from fundraising events	-34,296	-38,068	-3,772
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. Total revenue. Add lines 1 through 11	7,404,398	11,645,235	4,240,837
E x p e n s e s	13. Grants and similar amounts paid	5,262,043	6,295,879	1,033,836
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	142,923	115,782	-27,141
	16. Salaries, other compensation, and employee benefits	265,536	384,463	118,927
	17. Professional fundraising fees			
	18. Other professional fees	54,551	44,574	-9,977
	19. Occupancy, rent, utilities, and maintenance	58,269	56,030	-2,239
	20. Depreciation and Depletion	62,024	65,791	3,767
	21. Other expenses	425,338	349,128	-76,210
	22. Total expenses. Add lines 13 through 21	6,270,684	7,311,647	1,040,963
	23. Excess or (Deficit). Subtract line 22 from line 12	1,133,714	4,333,588	3,199,874
O t h e r I n f o r m a t i o n	24. Total exempt revenue	7,404,398	11,645,235	4,240,837
	25. Total unrelated revenue	163,503	211,751	48,248
	26. Total excludable revenue	220,324	2,380,115	2,159,791
	27. Total assets	46,126,052	50,915,319	4,789,267
	28. Total liabilities	1,534,309	1,382,661	-151,648
	29. Retained earnings	44,591,743	49,532,658	4,940,915
	30. Number of voting members of governing body	27	22	
	31. Number of independent voting members of governing body	27	22	
	32. Number of employees	5	7	
	33. Number of volunteers	30	30	

Form 990T	Two Year Comparison Report	2015 & 2016
For calendar year 2016, or tax year beginning _____, ending _____		

Name: **NORTH GEORGIA COMMUNITY FOUNDATION, INC.** Taxpayer Identification Number: ****-***0318**

		2015	2016	Differences
Revenue	1. Gross profit/loss on business activities	163,503	211,751	48,248
	2. Capital gains/losses			
	3. Income/loss from partnerships and S corporations			
	4. Rental income (net of expense)			
	5. Unrelated debt-financed income (net of expense)			
	6. Interest, and other income from controlled organizations (net of expense)			
	7. Investment income of specific organizations (net of expense)			
	8. Exploited exempt activity income (net of expense)			
	9. Advertising income (net of expense)			
	10. Other income			
	11. Total trade or business income. Combine lines 1 through 10	163,503	211,751	48,248
Expenses	12. Compensation of officers, directors, and trustees	14,293	11,578	-2,715
	13. Other salaries and wages	18,442	18,085	-357
	14. Repairs and maintenance			
	15. Bad debts			
	16. Interest			
	17. Taxes and licenses	2,619	2,373	-246
	18. Charitable contributions			
	19. Depreciation and Depletion	738	742	4
	20. Contributions to deferred compensation plans			
	21. Employee benefit programs	717	183	-534
	22. Other deductions	11,176	15,730	4,554
	23. Total deductions. Add lines 12 through 22	47,985	48,691	706
	24. Taxable income before NOL. Subtract line 23 from 11	115,518	163,060	47,542
	25. Net operating loss deduction			
	26. Specific deduction	1,000	1,000	
	27. Unrelated business taxable income.	114,518	162,060	47,542
	Tax & Credits	28. Income tax (corporate or trust)	27,912	46,453
29. Proxy tax				
30. Alternative minimum tax				
31. Total taxes		27,912	46,453	18,541
32. Other credits				
33. General business credit				
34. Credit for prior year minimum tax				
35. Total credits				
36. Net tax after credits		27,912	46,453	18,541
37. Recapture taxes				
38. Total Taxes	27,912	46,453	18,541	
Due/Refund	39. Prior year overpayment and estimated tax payments	9,143	27,912	18,769
	40. Payment made with extension	25,000	18,541	-6,459
	41. Backup withholding and foreign withholding			
	42. Other payments			
	43. Total payments	34,143	46,453	12,310
	44. Balance due/(Overpayment)	-6,231		6,231
	45. Overpayment applied to next year	6,225		-6,225
	46. Penalties	6	83	77
	47. Total due/(Refund)		83	83

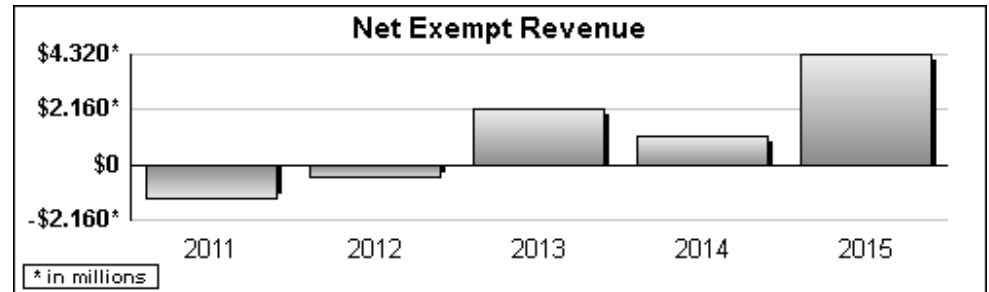
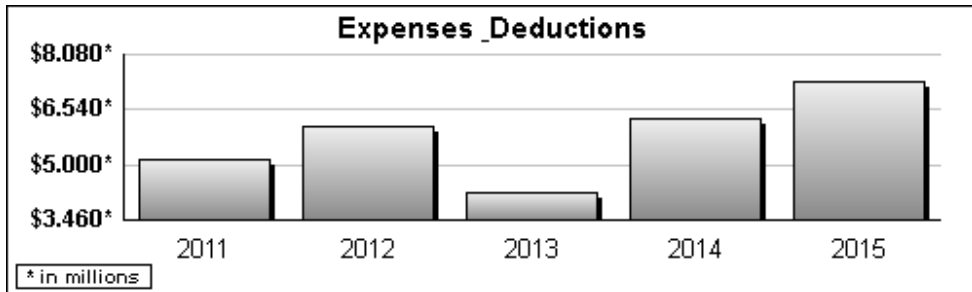
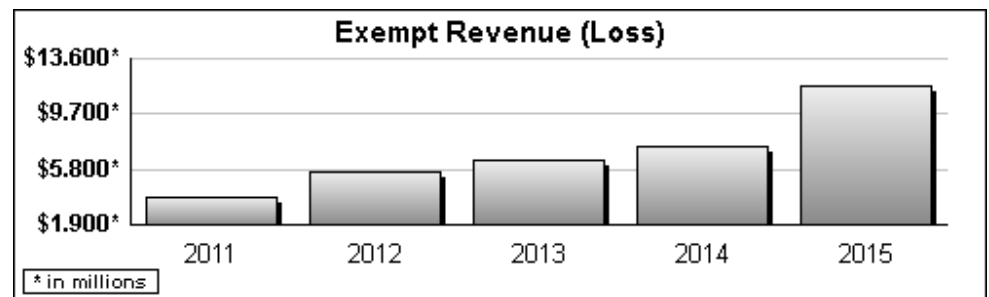
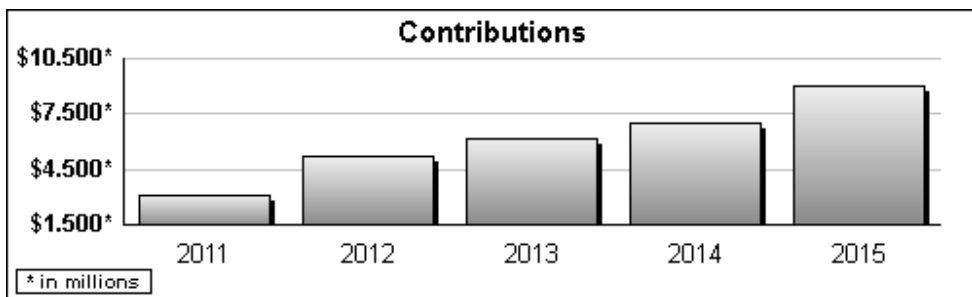
Form 990	Tax Return History	2016
Name NORTH GEORGIA COMMUNITY FOUNDATION, INC.		Employer Identification Number ** - *** 0318

	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants	3,089,197	5,158,386	6,136,280	7,030,292	9,062,272	
Membership dues						
Program service revenue	300,490	266,856	315,519	396,490	461,552	
Capital gain or loss	243,390	48,382	-396,053	-425,912	1,785,451	
Investment income	450,830	468,392	406,008	437,824	374,028	
Fundraising revenue (income/loss)	-209,346	-306,646	-34,769	-34,296	-38,068	
Gaming revenue (income/loss)						
Other revenue						
Total revenue	3,874,561	5,635,370	6,426,985	7,404,398	11,645,235	
Grants and similar amounts paid	4,401,931	5,169,448	3,397,023	5,262,043	6,295,879	
Benefits paid to or for members						
Compensation of officers, etc.	116,945	118,965	118,965	142,923	115,782	
Other compensation	208,577	219,647	223,604	265,536	384,463	
Professional fees		34,954	40,219	54,551	44,574	
Occupancy costs	47,137	56,554	58,342	58,269	56,030	
Depreciation and depletion	71,578	65,338	56,335	62,024	65,791	
Other expenses	290,687	423,570	337,493	425,338	349,128	
Total expenses	5,136,855	6,088,476	4,231,981	6,270,684	7,311,647	
Excess or (Deficit)	-1,262,294	-453,106	2,195,004	1,133,714	4,333,588	
Total exempt revenue	3,874,561	5,635,370	6,426,985	7,404,398	11,645,235	
Total unrelated revenue	21,000	41,631	76,690	163,503	211,751	
Total excludable revenue	3,853,561	733,089	222,688	220,324	2,380,115	
Total Assets	39,520,415	48,250,366	44,540,415	46,126,052	50,915,319	
Total Liabilities	6,024,957	10,022,938	1,774,227	1,534,309	1,382,661	
Net Fund Balances	33,495,458	38,227,428	42,766,188	44,591,743	49,532,658	

Form 990T	Tax Return History	2016
------------------	---------------------------	-------------

Name NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Employer Identification Number ** - *** 0318
--	--

	2012	2013	2014	2015	2016	2017
Business activity profit/loss	21,000	41,631	76,690	163,503	211,751	
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.	21,000	41,631	76,690	163,503	211,751	
Compensation of officers, ect.	4,818	9,802	6,127	14,293	11,578	
Other salaries and wages	3,658	7,858	10,084	18,442	18,085	
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses	638	1,329	1,226	2,619	2,373	
Charitable contributions						
Depreciation and Depletion			467	738	742	
Deferred compensation plans						
Employee benefit programs	110	236	1,973	717	183	

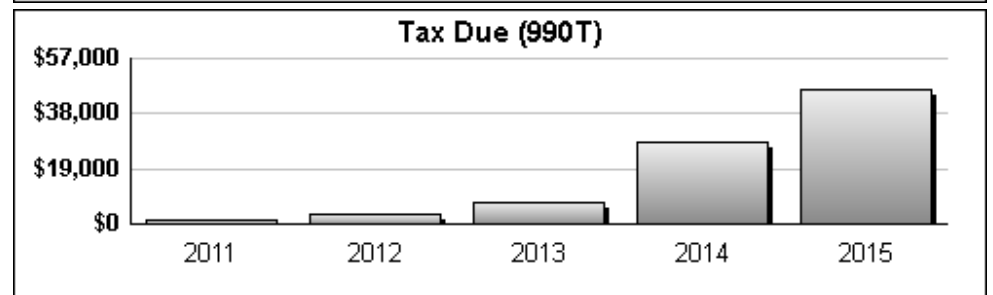
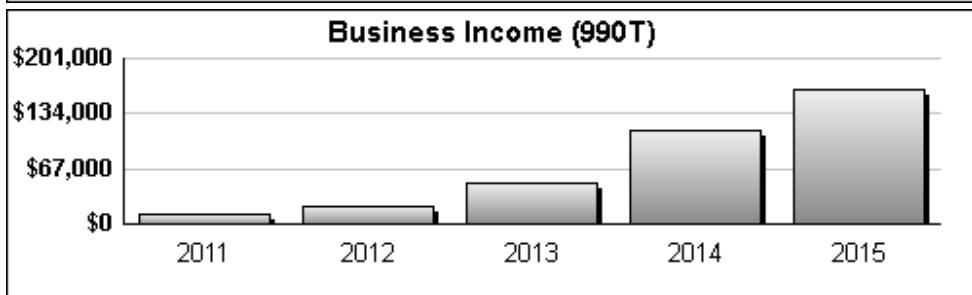
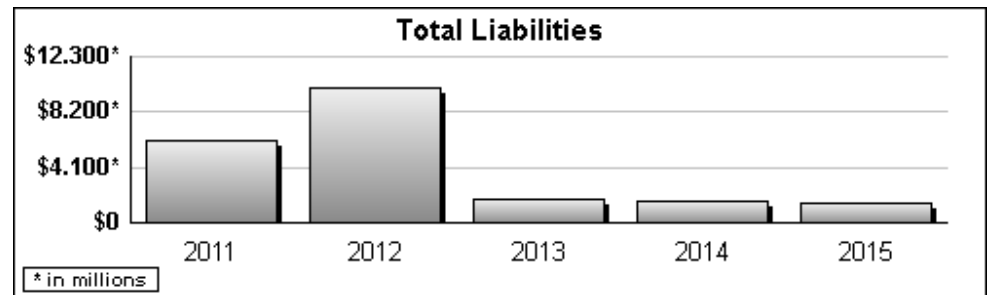
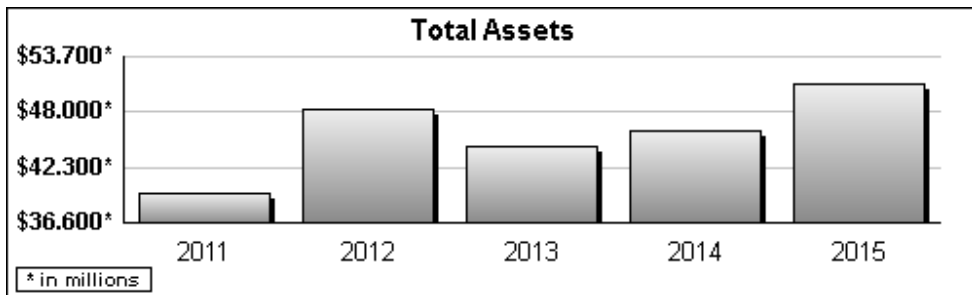


Form 990T	Tax Return History	2016
------------------	---------------------------	-------------

Name	NORTH GEORGIA COMMUNITY FOUNDATION, INC.	Employer Identification Number ** - *** 0318
------	---	--

	2012	2013	2014	2015	2016	2017
Other deductions	50	100	5,845	11,176	15,730	
Net operating loss deduction						
Specific deduction	1,000	1,000	1,000	1,000	1,000	
Income after expense and deductions	10,726	21,306	49,968	114,518	162,060	
Income tax (corporate or trust)	1,609	3,196	7,495	27,912	46,453	
Other taxes						
Total taxes	1,609	3,196	7,495	27,912	46,453	
General business credit						
Other credits						
Net tax after credits	1,609	3,196	7,495	27,912	46,453	
Estimated tax payments	1,700	1,609	3,627	9,143	27,912	
Other payments		1,587	9,314	43,769	37,082	
Balance due/Overpayment	-91		-5,446	-25,000	-18,541	

* Income shown net of expenses



Federal Statements**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INVESTMENT REVENUE						
\$ 439,036			14			
INVESTMENT INCOME ON AGENCY E						
111,723			14			
FEEES ON AGENCY FUNDS						
-95,386			14			
SPLIT INTEREST AGREEMENT						
-81,345						
TOTAL	\$ 374,028					

-*0318

Federal Statements

FYE: 12/31/2016

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
OTHER	\$ 13,044	\$ 11,745	\$ 866	\$ 433
TOTAL	<u>\$ 13,044</u>	<u>\$ 11,745</u>	<u>\$ 866</u>	<u>\$ 433</u>

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
BOARD AND COMMITTEE EXP	\$ 5,321	\$ 5,321	\$	\$
PROGRAM EXPENSE - FAS 136	4,208	4,208		
NORTHWIND SYMPHONIC	3,889	3,889		
NGCF LUNCH AND LEARN	1,330	1,330		
TOTAL	<u>\$ 14,748</u>	<u>\$ 14,748</u>	<u>\$ 0</u>	<u>\$ 0</u>

-*0318

Federal Statements

FYE: 12/31/2016

Schedule A, Part II, Line 1(e)

Description	Amount
CONTRIBUTIONS - NON SCHEDULE B, FR	\$ 7,615,761
CONTRIBUTIONS - AGENCY	677,880
NON CASH	768,631
TOTAL	<u>\$ 9,062,272</u>

Schedule A, Part II, Line 8(e)

Description	Amount
INVESTMENT REVENUE	\$ 439,036
INVESTMENT INCOME ON AGENCY E	111,723
FEEES ON AGENCY FUNDS	-95,386
TOTAL	<u>\$ 455,373</u>

Schedule A, Part II, Line 9(e)

Description	Amount
ADMINISTRATIVE FEES	\$ 211,751
LESS: DEDUCTIONS	-38,113
TOTAL	<u>\$ 173,638</u>

Schedule A, Part II, Line 10(e)

Description	Amount
DANCING FOR A CAUSE	\$ 9,662
TOTAL	<u>\$ 9,662</u>

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

<u>Description</u>	<u>Amount</u>
OFFICE RENTAL TO NON PROFITS	\$ 84,758
OTHER	1,420
FOUNDATION FEES - OTHER	103,610
SPLIT INTEREST AGREEMENT	-81,345
JENNY MELTON FUND	
NORTHWIND SYMPHONIC	5,935
PHILANTHROPIST OF THE YEAR	15,448
NGCF LUNCH AND LEARN	1,530
JEFFREY GAY MEMORIAL FUND	8,860
CELEBRATION OF COMMUNITY	37,100
OFFICE RENTAL	
TOTAL	\$ <u>177,316</u>

Federal Statements

DANCING FOR A CAUSE

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
DANCING FOR A CAUSE	\$ 38,827
TOTAL	\$ <u>38,827</u>

Federal Statements

JENNY MELTON FUND

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
JENNY MELTON FUND	\$ <u>9,120</u>
TOTAL	\$ <u><u>9,120</u></u>

Federal Statements

JEFFREY GAY MEMORIAL FUND

Other Direct Fundraising or Gaming Expenses

<u>Description</u>	<u>Amount</u>
	\$ <u>8,643</u>
TOTAL	\$ <u><u>8,643</u></u>

Federal Statements

Form 990-T - Other Deductions Not Taken Elsewhere

<u>Description</u>	<u>Amount</u>
OFFICE SUPPLIES	\$ 150
COMPUTER MAINT	14,740
OTHER FACILITIES COST	840
TOTAL	<u>\$ 15,730</u>

_*0318

Federal Statements

FYE: 12/31/2016

Cash - EOY

<u>Description</u>	<u>Amount</u>
CASH	\$ 1,471,654
CASH HELD IN TRUST	37,727
TOTAL	\$ <u>1,509,381</u>

Accounts payable - EOY

<u>Description</u>	<u>Amount</u>
ACCOUNTS PAYABLE	\$ 2,028
TOTAL	\$ <u>2,028</u>

Revenue-net unrealized gains

<u>Description</u>	<u>Amount</u>
FINANCIAL STATEMENT	\$ 607,524
FAX 136	-519,632
TOTAL	\$ <u>87,892</u>

DANCING FOR A CAUSE**Gross receipts**

<u>Description</u>	<u>Amount</u>
DANCING FOR A CAUSE	\$ 9,662
TOTAL	\$ <u>9,662</u>

_*0318

Federal Statements

FYE: 12/31/2016

NORTHWIND SYMPHONIC

Gross receipts

<u>Description</u>	<u>Amount</u>
NORTHWIND SYMPHONIC	\$ 5,935
TOTAL	<u>\$ 5,935</u>

Federal Statements

PHILANTHROPIST OF THE YEAR

Gross receipts

<u>Description</u>	<u>Amount</u>
PHILANTHROPIST OF THE YEAR	\$ 15,448
TOTAL	\$ <u>15,448</u>

Federal Statements

Administrative fees

Gross receipts

<u>Description</u>	<u>Amount</u>
ADMINISTRATIVE FEES - ATHENS	\$ <u>211,751</u>
TOTAL	\$ <u><u>211,751</u></u>

Federal Statements

NGCF Lunch and Learn

Gross receipts

<u>Description</u>	<u>Amount</u>
LUNCH AND LEARN	\$ 1,530
TOTAL	\$ <u>1,530</u>