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11683 11/70 2010 4 57 PM

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Internal	Veverine Serv	vice •	The organization may have to use a copy of this retain to outlery state		-	mapection
A For	the 2009 ca	lendar ye	ear, or tax year beginning $07/01/09$, and ending $12/31/09$	9		
B Check	k if applicable	Please	C Name of organization NORTH GEORGIA COMMUNITY FOUNDATION	r,	D Emplo	oyer identification number
	ess change	use IRS	INC.	·		
Addie	ess change	label or			58-	-1610318
Name	e change	print or	Doing Business As			
Initial	l return	type. See	Number and street (or P O box if mail is not delivered to street address)	Room/suite		none number
\Box		Specific	P O BOX 1583		//)-535-7880
Term	ination	Instruc-	City or town, state or country, and ZIP + 4		G Gross rece	eipts \$ 3,941,483
Amer	nded return	tions	GAINESVILLE GA 30503			
	ication pending	F Nam	and address of principal officer		H(a) Is this	a group return for
	ication pending	JI	M MATHIS		affiliati	es? Yes X No
			BOX 1583		H(b) Are all	l affiliates
			INESVILLE GA 30503			* attach a list (see instructions)
				. .	I II INO,	attach a list (see liishuchons)
	exempt state		501(c) (3) ◀ (insert no) 4947(a)(1) or 527			
J Wel	bsite.		IGCF.ORG			exemption number
K Type	e of organization	XCo	poration Trust Association Other ► L Y	ear of formation 1	985	M State of legal domicile GA
Part	<u> </u>	<u>umma</u>	гу			
1	Briefly d	escribe t	ne organization's mission or most significant activities			
	THE	NORT	H GEORGIA COMMUNITY FOUNDATION IS DEDICATED TO H	ENHANCING	THE SE	PIRIT
2			NITY AND QUALITY OF LIFE IN THE GREATER NORTH G			
<u> </u>					J1011 D1	•
ē			, PRESERVING, AND DISTRIBUTING PHILANTHROPIC ASS			
Governance	2 Check th	nis box 🕨	If the organization discontinued its operations or disposed of more than 25%	of its net assets	3 , ,	
od 3	3 Number	of voting	members of the governing body (Part VI, line 1a)		3	25
တ္ထုိ	4 Number	of indep	endent voting members of the governing body (Part VI, line 1b)		4	25
į,	5 Total nu	mber of	employees (Part V, line 2a)		5	4
Activities			volunteers (estimate if necessary)		6	32
			ated business revenue from Part VIII, column (C), line 12		7a	
	_				7b	0
	b Net unre	elated bu	siness taxable income from Form 990-T, line 34	Prior Yea		Current Year
Ι.	0		RECEIVED		9,001	1,803,395
- 흑 ˚			d grants (Part VIII, line 1h)			
Revenue	9 Program	n service	revenue (Part Hill line 29) V 1 5 2010		5,665	168,750
ā 1	10 Investm	ent incor	ne (Part VIII, column (A), lines 3, 42 and ha)	-1,60	7,572	394, <u>359</u>
E 1	11 Other re	venue (F	Part VIII, column (A), lines -5,-6d, 8 <u>c, 9c, 1</u> 0c, and 11e)			
1	12 Total rev	venue –	add lines 8 through 1 must equal Part VIII, column (A), line 12)	2,33	7,094	2,366,504
1	13 Grants a	and simil	ar amounts paid (Part IX, column (A), lines 1-3)		0,971	1,903,532
1			or for members (Part IX, column (A), line 4)	,		, , , , , , , , , , , , , , , , , , , ,
			· · · · · · · · · · · · · · · · · · ·	31	7,205	162,164
Se T			ompensation, employee benefits (Part IX, column (A), lines 5–10)		7,200	102,104
= [16a Professi	ional tuni	draising fees (Part IX, column (A), line 11e)			
EX De	b Total fur	ndraising	expenses (Part IX, column (D), line 25) ▶ 49,123			
_ Û 1	17 Other ex	xpenses	(Part IX, column (A), lines 11a-11d, 11f-24f)		0,305	260,840
1	18 Total ex	penses	Add lines 13–17 (must equal Part IX, column (A), line 25)	4,42	8,481	2,326,536
I		-	penses Subtract line 18 from line 12	-2,09	1,387	39,968
	10 11010110	<u> </u>		Beginning of Cu		End of Year
Net Assets or Fund Balances	20 Total as	sets (Pa	rt X, line 16)	26,94	6,872	31,267,862
Ass		•	Part X, line 26)		3,906	7,317,694
la let		,	nd balances Subtract line 21 from line 20	21,23		23,950,168
			re Block			20/000/200
_Part						
	U	nder pena	ties of perjury, I declare that I have examined this return, including accompanying schedules ar As Jue, correct, and complete Declaration of preparer (other than officer) is based on all inform	nd statements, and	to the best o	of my knowledge
	ا ا	ilu beller, i	to de, correct, and complete Deciaration of preparer (other trial officer) is based on all whom	nation of which pro	parci nas an	y knowledge
⊋ \$ign			Ray & Math A.			
Here		Signa	ure of officer		Date	
-2:1 -2:1				TIVE DIE	RECTOR	L
?° ∋		M /	r print name and title			
<u>_</u>		Утуре о				Preparer's identifying number
رير الماماطا	P	reparer's	Date	Check self-	ıt	(see instructions)
∯aid		gnature	V J. (m golfield 1/1/3)	//U employ	yed ▶	D00939610
* 12 *	arer's		RUSHTON & COMPANY, LLC		EIN D	58-2282374
juse (ırm's namı self-empk	e (or yours		Phone	
	I	ddress, ar	7			770-287-7800
5					j no J	
Aiay th	ie iro discu	ISS THIS FE	eturn with the preparer shown above? (see instructions)			
ODAA Pr	rivacy Act a	ind Pape	rwork Reduction Act Notice, see the separate instructions.			Form 990 (2089)

11683 11 3/2010 4 57 PM	
Fdrm 990 (2009) NORTH GEORGIA COMMUNITY FOUNDATION, 58-1610318	Page 2
Part III Statement of Program Service Accomplishments	
1 Briefly describe the organization's mission THE NORTH GEORGIA COMMUNITY FOUNDATION IS DEDICATED TO ENHANCING THE OF COMMUNITY AND QUALITY OF LIFE IN THE GREATER NORTH GEORGIA REGION BUILDING, PRESERVING, AND DISTRIBUTING PHILANTHROPIC ASSETS	
	Yes X No
If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 2,114,306 including grants of \$ 1,903,532) (Revenue \$ GRANTS AND SCHOLARSHIPS	94,091)
THE NORTH GEORGIA COMMUNITY FOUNDATION PROCESSED OVER 250 GRANTS TOTALING \$1.9 MILLION TO CHARITABLE ORGANIZATIONS DURING THE PERIOD JULY 1,2009 - DECEMBER 31,2009. IN ADDITION, THE NO GEORGIA COMMUNITY FOUNDATION ANNUALLY ADMINISTERS AND AWARDS SCHOLARSDURING THE TIME PERIOD FROM JULY 1, 2009 - DECEMBER 31, 2009, NO SCHOLARSHIPS WERE AWARDED BUT PREPARATONS WERE MADE FOR THE 2010 SCHOLARSHIP CYCLE.	
4b (Code) (Expenses \$ 42,374 including grants of \$) (Revenue \$ SERVICE TO NONPROFITS	60,296)
THE COMMUNITY FOUNDATION IS COMMITTED TO SUPPORTING LOCAL NON-PROFIT ORGANIZATIONS. THE FOUNDATION OFFERS AFFORDABLE OFFICE SPACE TO A WIDD 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 FIELD-SPECIFIC INFORMATION TO NETWORK MEMBERS AND TRAINING WORKSHOPS TARE LOCAL AND AFFORDABLE FOR THE SMALLER NON-PROFITS IN THE REGION, TO COMMUNITY FOUNDATION IS ABLE TO BUILD CAPACITY AND STRENGTHEN THE LOCAL NON-PROFITS SO THEY CAN BETTER ACHIEVE THEIR MISSIONS.	FIONS. WITH FHAT HE
4c (Code) (Expenses \$ 20,234 including grants of \$) (Revenue \$ PROMOTING PHILANTHROPY	14,363)
THE COMMUNITY FOUNDATION PROVIDES PROFESSIONAL ADVISORS WITH THE INFORMATION THEY NEED TO ADD CHARITABLE GIVING AND PHILANTHROPIC PLANT TO THE DISCUSSIONS THEY HAVE WITH THEIR CLIENTS. BY ACTIVELY WORKING PROFESSIONAL ADVISORS THE COMMUNITY FOUNDATION IS PROMOTING PHILANTHROTHE NORTH GEORGIA COMMUNITY. IN ADDITION, THE COMMUNITY FOUNDATION HO AN ANNUAL PHILANTHROPIST OF THE YEAR EVENT WHICH HONORS AN INDIVIDUAL FAMILY OR BUSINESS FOR LIFE-TIME OR LONG-TERM ACHIEVEMENTS THAT HAVE IS SIGNIFICANT IMPACT IN THE COMMUNITY. THE AWARD HONORS THOSE WITH A PROPERTY OF THE PROP	WITH DPY IN DSTS , MADE A
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	·
4e Total program service expenses ▶ 2,176,914	

Form **990** (2009)

Pa	art IV Checklist of Required Schedules				aye .
				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	complete Schedule A		1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
	candidates for public office? If "Yes," complete Schedule C, Part I		3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				
	Schedule C, Part II		4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have				
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				
	complete Schedule D, Part I		6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		ĺ		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III		8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part				
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV		9		X
0	Did the organization, directly or through a related organization, hold assets in term, permanent, or				
	quasi-endowments? If "Yes," complete Schedule D, Part V		10	X	ļ
1	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable		11	X	ļ
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				l
	Schedule D, Part VI				
•	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				
•	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				
•	Did the organization report an amount for other assets related 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				İ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				
•	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? If "Yes," complete Schedule D, Part X				f
2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				ļ.,-
	Schedule D, Parts XI, XII, and XIII		12		X
2A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No	ŧ		ŀ
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X			
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,		۱		v
_	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		4.5		x
c	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15	-	_^
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		4.0		v
7	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16_		X
′	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		47		v
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		40		v
9	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18_		<u> </u>
J	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		19		x
	n 103, complete outgaule o, rait III		1 13		

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Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O

Part IV **Checklist of Required Schedules (continued)** Yes No 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations X in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the X United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes." complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines X 24a 24b through 24d and complete Schedule K If "No," go to line 25 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? 24d 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction X with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X 25b 990-EZ? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 26 X 26 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? 27 X If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions) X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule I Part IV An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. X 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X Schedule N. Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X 34 III. IV. and V. line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 X 35 Schedule R, Part V, line 2 36 Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related X organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 X

> X Form 990 (2009)

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of					
	U.S. Information Returns. Enter -0- if not applicable	1a	8			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able				
	gaming (gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	y			:	
	this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year, did the organization have an interest in, or a signature or other authorized the calendar year.	ority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ıal				
	account)?			4a		X
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bar	ık				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
Ç	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng				
	Prohibited Tax Shelter Transaction?			_5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					•
	organization solicit any contributions that were not tax deductible?			<u>6a</u>		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	or		0.		
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	40				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good and services provided to the payor?	18		7a	х	Ī
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b	X	
b c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			- 75		l
٠	required to file Form 8282?			7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal funds.					
•	benefit contract?			7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?)		7 f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		Х
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	;				
	required?			7h		Х
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					[
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter	, ,				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		[
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		[Į.
11	Section 501(c)(12) organizations. Enter	, ,	1	ļ		
а	Gross income from members or shareholders	11a				
þ	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b				•
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	1 1	l	12a	ļ ——	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				<u> </u>

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.

Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body	1a	25			[
b	Enter the number of voting members that are independent	1b	25			Ė
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		_			É
	any other officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct					
	supervision of officers, directors or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed	?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?			5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members					
	of the governing body?			7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				:	
	the year by the following					ĺ
а	The governing body?			8a	X	İ
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Int	ernal				
Rev	renue Code.)					
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,					Ì
	affiliates, and branches to ensure their operations are consistent with those of the organization?			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the					ĺ
	form?			11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990					Ĺ
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	<u> </u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give					ĺ
	rise to conflicts?			12b	X	<u> </u>
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"					l
	describe in Schedule O how this is done			12c	X	L
13	Does the organization have a written whistleblower policy?			13	X	<u> </u>
14	Does the organization have a written document retention and destruction policy?			14	X	Ĺ
15	Did the process for determining compensation of the following persons include a review and approval by					ĺ
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				:	Ė
а	The organization's CEO, Executive Director, or top management official			15a	_X_	<u> </u>
b	Other officers or key employees of the organization			15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			ļ	-	Ė
	with a taxable entity during the year?			16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate					ĺ
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard					ĺ
	the organization's exempt status with respect to such arrangements?			 16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ GA					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only	y)				
	available for public inspection. Indicate how you make these available. Check all that apply					
	X Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest	t				
	policy, and financial statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the					
	organization ► LISA WARWICK 615F OAK STREET					

GAINESVILLE

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization		sate a	any o			ficer,	dıre			
(A) Name and Title	(B) Average	Pos	ition (C) k all t	hat ap	(vla	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	or director	Institutional trustee	Officer		Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
RICK ASBILL										
MEMBER	1.00	X						0	0	0
LYNDA ASKEW	1 00				 					
PAST CHAIR	1.00	X	ļ	X	<u> </u>	<u> </u>		0	0	0
TOM CALKINS	1 00								•	
MEMBER	1.00	X			<u> </u>	\vdash		0	0	0
PATRICK CESKA	1 00	,,							•	
MEMBER COL FINAN	1.00	X			<u> </u>	-		0	0	0
HOLLY COLEMAN	1 00	👡							^	•
MEMBER	1.00	X		_				0	0	0
JIM COYLE	1.00	.		v					^	^
CHAIR DIAZ	1.00	X	_	X				0	0	0
	1 00	x		x				م	0	^
VICE CHAIR JIMMY HERNANDEZ	1.00	1	-	<u> </u>	 -	\vdash		0		0
	1.00	x							0	o
MEMBER KIRK KNOUS	1.00	╀≏			<u> </u>	 		0		<u> </u>
	1.00	x	ļ					0	0	0
JAMES MCCOY	1.00	┢	_	_	 	\vdash		<u>_</u>		
MEMBER	1.00	x						0	0	0
CARA MITCHELL	1.00				_	\vdash		0		
MEMBER	1.00	x						o	0	0
FRANK NORTON, JR.	1.00	1		-		H		0		
MEMBER	1.00	x						0	0	0
DON PIRKLE	1.00	1	_		-					
MEMBER	1.00	x			l			o	О	o
HELEN RAY	1.00	+**		 		 				
MEMBER	1.00	x			ŀ			o	0	0
HENRY RIGDON	2.00	+			<u> </u>					
SECRETARY	1.00	X	ŀ	x				0	0	0
RUSSELL ROUSH		1		<u></u>						
MEMBER	1.00	X						o	0	o
LETRELL SIMPSON	<u> </u>	1 -	-		\vdash					
MEMBER	1.00	x						o	0	0
DAA								<u> </u>	L -	Form 990 (2009)

Part VII Section A. Officers	, Directors, Trus	tees	, Ke	y En	plo	yees	, and	d Highest Compensated E	mployees (continued)				
(A) 、 Name and Title	(B) Average	Pos	ition (C) k all t	hat ap		(D) Reportable	(E) Reportable		(F) Estimat		
•	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	cor or ar	amouni other mpens from the ganizati ganizati	r ation ne ition ited	
KEISHA STOREY MEMBER	1.00	x						0	0				0
ROY STOWE													
MEMBER	1.00	X	_	-				0	0			_	0
WARREN STRIBLING MEMBER	1.00	x						0	o				0
DICK VALENTINE	1.00	 				1	 						
MEMBER	1.00	x					L	0	0				0
PEGGY WALTERS	1 00	l											_
MEMBER GUS WHALEN	1.00	X					\vdash	0	0				0
ASST SECRETARY	1.00	x		x				0	o				0
MIKE WHITMIRE													
MEMBER	1.00	X						0	0				0
ANN WILLIAMS	1 00					ŀ							^
TREASURER JIM MATHIS	1.00	X		X			\vdash	0	0				0
EXEC DIRECTO	40.00			x				58,000	0			1,	650
						-	_						
1b Total							Ļ	58,000				1 1	650
2 Total number of individuals (inc	•			ose	liste	d abo	ve)					<u> </u>	550
reportable compensation from	the organization	<u> </u>	U								\neg	Yes	No
3 Did the organization list any for	rmer officer, dire	ctor o	or tru	stee	, key	emp	oloye	ee, or highest compensated		Γ		103	
employee on line 1a? If "Yes,"										-	3		X
4 For any individual listed on line the organization and related or													: [
ındıvıdual								·		 	4		X
5 Did any person listed on line 1a services rendered to the organ								-			5		X
Section B. Independent Contractor													
Complete this table for your five compensation from the organization.		nsate	ed in	depe	ndei	nt coi	ntrac	ctors that received more tha	n \$100,000 of				
Name and	(A) I business address							Descrip	(B) tion of services		Cor	(C) npensat	ion
-													
							+						
							_						
<u> </u>							<u></u>						
							T						
2 Total number of independent of	contractors (include	dına I	but n	ot lir	nited	l to th	l nose	listed above) who received					
more than \$100,000 in compe	· ·	_				- •"					0	000	
DAA												aan	(2000

_	rt V		nt of Reve		<u> </u>					i age 3
		,					(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
				······································				revenue		512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campa	-	1a						‡
gra	b	Membership dues		1b						1
fts, an	С	Fundraising event		1c						1
igi	d	Related organizat	ions	1d						
sin	е	Government grants (con		1e						
utic Je ric	f	All other contributions, gr	-		_					
trb		and similar amounts not	l	1f		803,395				
ong	g	Noncash contributions in		lf S	5	749,076				1
	h	Total. Add lines 1	<u>a–1f</u>			<u> </u>	1,803,395			
nue	_					Busn Code	76.010	76.010		
eve	2a		NAM SERVICE				76,019	76,019		
S.	b		TAL TO NON	PROF	'ITS		53,002	53,002	.	
Ž.	C	PROGRAM FE					17,600	17,600		
Se	d		OPIST OF TH	IE YEA	IR.		13,500	13,500		
Iran	e	OTHER					7,972 657	7,972 657		
Program Service Revenue		All other program		iue		L	168,750	657		
		Total. Add lines 2			la intaran	t and	168,750			
	,	Investment incom other similar amor		Muenu	is, interes	i, and	246,856			246,856
	4	Income from inve	•	avamn	t hand nre	ceeds	240,030			240,030
	5	Royalties	Suncin or tax-	CACITIP	t bond pic	L L				
	້	Royalics	(ı) Real		(ii) F	ersonal				
	6a	Gross Rents	(1) 11001		(, .					1
	b	Less rental exps								
	c	Rental inc or (loss)								
	d	Net rental income	or (loss)					ĺ		
		Gross amount from	(i) Securities	6	(11)	Other				
		sales of assets other than inventory	1,722	482						
	b	Less cost or other								
		basis & sales exps	1,574	979	<u> </u>					
	С	Gain or (loss)	147	,503						
	d	Net gain or (loss)				•	147,503			147,503
ø	8a	Gross income from f	fundraising ever	nts						
Other Revenu		(not including \$								
ě		of contributions repo	orted on line 1c)							
Ē		See Part IV, line 18		а						
Ě	1	Less direct exper		b			-			•
Ŭ		Net income or (lo		- 1	events	•			• • •	
	9a	Gross income from	gaming activities	3						
		See Part IV, line 19		а						
		Less direct exper		b						
	t t	Net income or (lo		ng actı آ	vities	•				
	10a	Gross sales of inv	=				:			
	١.	returns and allow		a						
	1	Less cost of good		b	4					
	c	Net income or (lo	ss) from sales ineous Revenue		entory	Busn Code				
	110	IVIISCEIIA	ineous revenue	•		Dusii Code	:			†
	11a						· · · · · · · · · · · · · · · · · · ·	-		
	b									
	d	All other revenue						-		
	e e	Total. Add lines 1						_		
	12	Total Revenue.		าร			2,366,504	168,750		0 394,359
		. J.a. Novellas.		·Ÿ.			= 10001002			Form 990 (2009)

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) but are not required to complete columns (B), (C), and (D)

	` All other organizations must		e not required to complet		
	not include amounts reported on lines 6b, 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 governments and		'		
	organizations in the U.S. See Part IV, line 21	1,903,532	1,903,532		
2	Grants and other assistance to individuals in		, ,		· · · · · · · · · · · · · · · · · · ·
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				· · · · · · · · · · · · · · · · · · ·
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16		į		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	55,000	8,250	24,750	22,000
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	72,967	34,427	31,210	7,330
8	Pension plan contributions (include section 401(k)			•	*
	and section 403(b) employer contributions)	4,900	1,634	2,143	1,123
9	Other employee benefits	16,398	5,469	2,143 7,171	1,123 3,758
10	Payroli taxes	12,899	4,302	5,641	2,956
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	13,900	7,821	6,079	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				• • •
f	Investment management fees	35,263	35,263		
g	Other				
12	Advertising and promotion	150	50	65	35
13	Office expenses	43,687	14,569	19,104	10,014
14	Information technology				
15	Royalties				
16	Occupancy	22,768	21,531	882	355
17	Travel	2,564	855	1,121	588
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	7,790	7,367	301	122
21	Payments to affiliates			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
22	Depreciation, depletion, and amortization	47,363	44,791	1,833	739
23	Insurance				
24	Other expenses Itemize expenses not	1		į	
	covered above (Expenses grouped together	-			
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а	PROGRAM EXPENSE	75,548	75,548		
b	PHILANTHROPIST OF THE YEA	6,336	6,336		
С	BOARD AND COMMITTE EXP	1,803	1,803		
d	SETH VINING YOUTH FOUNDAT	1,562	1,562		
е	JENNIE MELTON FUND	1,451	1,451		
f	All other expenses	655	353	199	103
25	Total functional expenses. Add lines 1 through 24f	2,326,536	2,176,914	100,499	49,123
26					
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				
DAA					Form 990 (2009)

P	art X	Balance Sheet					
					(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing			1,003,148	1	1,638,230
	2	Savings and temporary cash investments			1,316,541	2	<u>519,341</u>
	3	Pledges and grants receivable, net				3	50
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, tru	ustees, key				
		employees, and highest compensated employees Comple	ete Part II of				
		Schedule L				5	···
	6	Receivables from other disqualified persons (as defined un	nder section				
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete				
'n		Part II of Schedule L		ļ		6	
Assets	7	Notes and loans receivable, net		ļ	154,334	7	152,015
SS	8	Inventories for sale or use				8	
Q	9	Prepaid expenses and deferred charges		ļ		9	
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	2,865,786			
	b	Less accumulated depreciation	_10b	565,096	2,348,053		2,300,690
	11	Investments—publicly traded securities			21,886,668		26,584,718
	12	Investments—other securities See Part IV, line 11			238,128	12	72,818
	13	Investments—program-related See Part IV, line 11		,		13	
	14	Intangible assets		ļ		14	
	15	Other assets See Part IV, line 11		ļ		15	
	16	Total assets Add lines 1 through 15 (must equal line 34)			26,946,872	16	31,267,862
	17	Accounts payable and accrued expenses		,	22,042	17	26,404
	18	Grants payable		18	· · · · · · · · · · · · · · · · · · ·		
	19	Deferred revenue	19				
	20	Tax-exempt bond liabilities		}		20	
Liabilities	21	Escrow or custodial account liability Complete Part IV of S				21	
≝	22	Payables to current and former officers, directors, trustees	-				
jab		employees, highest compensated employees, and disqual	ified				:
		persons Complete Part II of Schedule L			200 146	22	205 102
	23	Secured mortgages and notes payable to unrelated third p		}	380,146	23	385,183
	24	Unsecured notes and loans payable to unrelated third part	iles	}	E 211 710	24	6 006 107
	25	Other liabilities Complete Part X of Schedule D			5,311,718 5,713,906		6,906,107 7,317,694
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ► X	1		3,713,900	26	7,317,694
Balances			and				•
ã	27	complete lines 27 through 29, and lines 33 and 34.			20,021,799	27	22,343,423
ä	27	Unrestricted net assets Temporarily restricted net assets		}	1,211,167	27 28	1,606,745
8	28 29	Permanently restricted net assets		Ì	1,211,107	29	1,000,743
Fund	29	Organizations that do not follow SFAS 117, check here		ŀ		29	
Ē		and complete lines 30 through 34.					
ō	30	Capital stock or trust principal, or current funds				20	
Net Assets or	31	Paid-in or capital surplus, or land, building, or equipment fi	und	ł		30 31	
SS	32	Retained earnings, endowment, accumulated income, or or		ŀ	-	32	
t A	33	Total net assets or fund balances	zaici iulius	ŀ	21,232,966		23,950,168
Se	34	Total liabilities and net assets/fund balances		ł	26,946,872	34	31,267,862
_	J4	rotal liabilities and riet assets/fully balances			20,040,012	54	5 000 (2002)

<u>orn</u>	990 (2009) NORTH GEORGIA COMMUNITY FOUNDATION, 58-1610318		Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990.			
	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?	2a	X	
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both	į.		
	Separate basis Consolidated basis Both consolidated and separate basis			
За	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?	3a		<u>X</u> _
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	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

NORTH GEORGIA COMMUNITY FOUNDATION,

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

			INC.						58	-161	0318		
P	art l	Reas	on for Public Charity	Status (All organizations	must c	omplete	this p	art.) S	ee ins	struction	ons.		
The	orga	nization is not	a private foundation because	it is (For lines 1 through 11, ch	eck only o	ne box)				•			
1		A church, coa	nvention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(A)(i).						
2			cribed in section 170(b)(1)(A										
3	П	A hospital or	a cooperative hospital servic	e organization described in sect	ion 170(b)(1)(A)(m)	٠.						
4	П			in conjunction with a hospital de)(A)(m).	Enter th	ne hosp	ıtal's name.		
		city, and state		,				,, ,,,.					
5		An organizati	on operated for the benefit of	a college or university owned or	r operated	by a gove	ernmenta	al unit de	scribed	ın			
			b)(1)(A)(iv). (Complete Part			_,							
6		A federal, sta	ite, or local government or go	vernmental unit described in sei	ction 170	b)(1)(A)(v	<i>(</i>)						
7	σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ σ												
			section 170(b)(1)(A)(vi). (Co		J			3-	p				
8				70(b)(1)(A)(vi). (Complete Part I	1)								
9	П			more than 33 1/3 % of its suppo		ntribution	s. memb	ership f	ees. and	d aross			
		_		ot functions—subject to certain e						•			
				d unrelated business taxable inc	· · ·								
			-	, 1975 See section 509(a)(2) (,								
10				xclusively to test for public safety	•	,	a)(4).						
11	П			xclusively for the benefit of, to pe				carry ou	t the				
				d organizations described in sec				•		tion			
		509(a)(3) Ch	eck the box that describes th	e type of supporting organization	n and com	plete lines	11e thr	ough 11	h				
		a Type	I b Type II	c Type III-Functions	ally integra	ited	d	Тур	e III-Ot	her			
е		By checking t	his box, I certify that the orga	nization is not controlled directly	or indirec	lly by one	or more	disquali	fied				
				and other than one or more publi						ction			
		509(a)(1) or s	section 509(a)(2)										
f		If the organization	ation received a written deter	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
		organization,	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contributi	ion from a	ny of the							_
		following per	sons?										
		(i) A persor	n who directly or indirectly cor	ntrols, either alone or together wi	ith person:	s describe	d in (ii)					Yes	No
		and (III) l	pelow, the governing body of	the supported organization?							11g	(i)	
		(ii) A famıly	member of a person describe	ed in (i) above?							11g	<u>(u)</u>	
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							119	(m)	
h		Provide the f	ollowing information about th	e supported organization(s)									
(1)		e of supported	(ıi) EIN	(iii) Type of organization	1 ' '	organization		ou notify		ls the	(vii)	Amount of	
	org	anization		(described on lines 1–9 above or IRC section	1	sted in your document?	col (i)	nization in of your	organizat	ion in coi zed in the	ş	upport	
				(see instructions))	governing			ort?	U	S٦			
					Yes	No	Yes	No	Yes	No			
						<u> </u>							
					1								
					-								
								_					
						-	-						
	-												
Tota	1				1								

NORTH GEORGIA COMMUNITY FOUNDATION, 58-1610318 Schedule A (Form 990 or 990-EZ) 2009 Page 2 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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 5,076,545 11,163,604 5,406,524 3,579,001 1,803,396 27,029,070 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 5,076,545 11,163,604 5,406,524 3,579,001 1,803,396 27,029,070 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) 3,098,220 Public support. Subtract line 5 from line 4 23,930,850 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 5,406,524 3,579,001 1,803,396 Amounts from line 4 5,076,545 11,163,604 27,029,070 Gross income from interest, dividends, 8 payments received on securities loans, rents, royalties and income from similar 242,690 807,145 1,190,311 594,386 246,856 3,081,388 sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets 285.240 344,539 179.403 365,665 168.751 1,343,598 (Explain in Part IV) 11 Total support. Add lines 7 through 10 31,454,056 12 12 Gross receipts from related activities, etc. (see instructions) 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 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 76.08% 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 76.52% 15 33 1/3 % support test-2009. 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 33 1/3 % support test—2008. 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 10%-facts-and-circumstances test—2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18

Schedule A (Form 990 or 990-EZ) 2009

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

OTHER

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

PART II, LINE 10 - OTHER INCOME DETAIL

PROGRAM SERVICE REVENUE \$ 1,056,077

RENTAL INCOME \$ 190,463

FEES \$ 77,842

\$

19,216

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Internal Revenue Service Inspection Employer identification number Name of the organization NORTH GEORGIA COMMUNITY FOUNDATION, 58-1610318 INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete If Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 167 Total number at end of year 1,573,832 Aggregate contributions to (during year) 1,150,373 Aggregate grants from (during year) 15,785,020 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

		GIA COMMUNIT				10318		Page 2
Pa	rt III Organizations Maintaining C						sets (continued)
3	Using the organization's acquisition, accession, a collection items (check all that apply)	and other records, check a	any of the following t	hat are a	significant i	use of its		
а	Public exhibition	d Loan o	r exchange program	s				
b	Scholarly research	e Other	-					
С	Preservation for future generations		-				_	
4	Provide a description of the organization's collect Part XIV	tions and explain how the	y further the organiza	ation's ex	kempt purpo	se ın		
5	During the year, did the organization solicit or recassets to be sold to raise funds rather than to be				ular			☐ Yes ☐ No
Pa	ert IV Escrow and Custodial Arran				swered "	Yes" to Fo	rm 99	
	IV, line 9, or reported an amo				.0	, , , , , , , , , , , , , , , , , , , ,	00	· · · · · · · · · · · · · · · · · · ·
1a	Is the organization an agent, trustee, custodian of			assets n	ot .			
	included on Form 990, Part X?	in other intermediary for or		45501511	O.			☐ Yes ☐ No
h	If "Yes," explain the arrangement in Part XIV and	complete the following to	hle					
Ü	ii res, explain the arrangement iii r art XIV and	complete the following ta	Die				—	Amount
	Beginning balance					1c	-	711100111
						 		
	Additions during the year					1d		 -
_	Distributions during the year					1e		
f	Ending balance					1f		
	Did the organization include an amount on Form	990, Part X, line 217						☐ Yes ☐ No
	If "Yes," explain the arrangement in Part XIV		1 437 2 4 -		000 D	. 13 / 12 - 4/		
Pa	ert V Endowment Funds. Complet							
	}	(a) Current year	(b) Prior year		years back	(d) Three yea	rs back	(e) Four years back
1a	Beginning of year balance	3,385,438	3,839,306					
þ	Contributions	1,271,454	11,576,690					
С	Net investment earnings, gains,							
	and losses	440,925	-2,898,405					
d	Grants or scholarships	-176,775	-9,078,118					
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses	-17,868	-54,036					
g	End of year balance	4,903,174	3,385,437					
2	Provide the estimated percentage of the year en-	d balance held as						
а	Board designated or quasi-endowment	%						
b	Permanent endowment ▶ %	— -						
С	Term endowment ▶ _100.00 %							
	Are there endowment funds not in the possessio	n of the organization that	are held and admini	stered fo	r the			
	organization by	-						Yes No
	(i) unrelated organizations							3a(i) X
	(ii) related organizations							3a(ii) X
b	If "Yes" to 3a(ii), are the related organizations list	ed as required on Schedi	ıle R?					3b
4	Describe in Part XIV the intended uses of the ord	•						<u> </u>
Pa	rt VI Investments—Land, Buildin	··············		. Part	X. line 10			
	Description of investment	(a) Cost or other basis	(b) Cost or oth			cumulated	T	(d) Book value
	•	(investment)	basis (other			eciation		
12	Land		<u> </u>	,690			 	567,690
	Buildings	,	1,901			302,939	<u>a</u>	1,598,607
	<u> </u>		+ -, 501	, 5 - 2 0		502,55	1	2,330,001
	Leasehold improvements		324	,594		224,960	1	99,634
	Equipment			, 956		37,19		34,759
	Other Column (d) must save	LForm 000 Part V and		, 350			1	
ota	I. Add lines 1a through 1e (Column (d) must equa	ii Form 990, Part X, colun	in (B), line 10(c))			<u></u>	<u>' </u>	<u>2,300,690</u>

Part VII Investments—Other Securities. See Form			
(a) Description of security or category	(b) Book value	(c) Method o	
(including name of security)		Cost or end-of-year	ar market value
Financial derivatives			
Closely-held equity interests	-		
Other	_		
- - -			
	_		
-	-	 .	
	-		
	-		
	-		
	-	·	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)		······································	
Part VIII Investments—Program Related. See Form	990 Part X line 13		
(a) Description of investment type	(b) Book value	(c) Method o	f valuation
(-)	(2,233,333)	Cost or end-of-year	
······································			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>		
Part IX Other Assets. See Form 990, Part X, line 15			(h) Dank value
(a) Description			(b) Book value
		· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		•	
Part X Other Liabilities. See Form 990, Part X, line	25		· · · · · · · · · · · · · · · · · · ·
1 (a) Description of liability	(b) Amount		
Federal income taxes			
FUNDS HELD AS AGENCY ENDOWMENTS	4,903,174		
ANNUITY LIABILITIES	2,002,531		
SECURITY DEPOSIT	400		
ROUNDING	2		
			
T. (1/0 //)	6 006 107		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 6,906,107		
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the org	ganization's financial statements th	nat reports the	
organization's liability for uncertain tax positions under FIN 48			

<u>ìche</u>	edule D (Form 990) 2009 NORTH GEORGIA COMMUNITY FOUNDATION, 58-161031		Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,366,504
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,326,536
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	39,968
4	Net unrealized gains (losses) on investments	4	2,677,234
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	2,677,234
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	2,717,202
_	art XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements	1	5,043,738
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	1 2 677 224		
b		1 .	
С		1	
d		1	
e		2e	2,677,234
3	Subtract line 2e from line 1	3	2,366,504
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	Ť	
a			
b		1	
c		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,366,504
	art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R		
1	Total expenses and losses per audited financial statements	1	2,326,536
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	
a			
b		1	
		1	
c C	21	1	
d		2e	
e	Subtract line 2e from line 1	3	2,326,536
3	1	 	2,320,330
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	· · · · · · · · · · · · · · · · · · ·	1	
	Other (Describe in Part XIV)	4.	
	Add lines 4a and 4b	4c	2,326,536
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,326,336
	art XIV Supplemental Information		
	replete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
	part to provide any additional information		
	ART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS		
_E	NDOWMENT_FUNDS_ARE_TO_BE_USED_TO_SUPPORT_THE_CHARITABLE_OR_F	DUC	CATIONAL
Ð	URPOSES OF THE ORGANIZATION		
	_ 		
			-
			_
_	_ 		

Schedule D (Fo	orm 990) 2009	NORTH	GEORGIA	COMMUNITY	FOUNDATION,	58-1610318	Page 5
Part XIV	Suppleme	ntal Inform	ation (contin	ued)			
		- -					
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SCHEDULE 1 (Form 990)

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

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

Open to Public Inspection 2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	-)	► Attach to Form 990.	0.			Inspection
Name of the organization NORTH GEORGIA COMMUNITY INC.		FOUNDATION	Ν,		Employer 58-16	Employer identification number 58–1610318	(Br
Part I General Information on Grants and Assistance	d Assistance						
 Does the organization maintain records to substantiate the amount of the graph selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of graph selection. 		ants or ass grant funds	rants or assistance, the grantees' eligibility for the grants or assistance, and grant funds in the United States	eligibility for the grants	or assistance, and	T.	X Yes
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	overnments an	d Organ	izations in the Un	ited States. Com	plete if the org	anization ansv	vered "Yes" to
Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	recipient that rec) if additional s	ceived more that pace is needed	iore than \$5,000. (needed	Check this box if	no one recipieı	nt received mo	ore than \$5,000. Use ►
1 (a) Name and address of organization	(b) EIN	(c) IRC	(d) Amount of cash grant (e) Amount of non-cash		(f) Method of valuation	(g) Description of	(h) Purpose of grant
or government		rf applicable		assistance	(book, riviv, appraisal, other)	non-cash assistance	or assistance
· //.							
OX 1543	1	(SOCIAL SERVICES
ATHENS GA 30603	26-1838979	က	193,445				
						•	
LUMPKIN STREET			6				RELIGION
	58-0593399	3	8,000				:
800 US HWY 29 NORTH			-				SOCIAL SERVICES
ATHENS GA 30601	58-1824771	3	100,000				
BRENAU UNIVERSITY							
500 WASHINGTON STREET, SE							EDUCATION
GAINESVILLE GA 30501	58-0566143	3	14,700				
BRENAU UNIVERSITY LEARNING & LEISUR							
500 WASHINGTON STREET, SE							EDUCATION
GAINESVILLE GA 30501	58-0566143	က	10,000				
CHALLENGED CHILD & FRIENDS							
P.O. BOX 5758							SOCIAL SERVICES
GAINESVILLE GA 30503	58-1622732	3	8,750				
CHESTNUT MIN PRES CHURCH							
							RELIGION
CHESTNUT MTN GA 30502	58-1088923	3	5,500				
CHRISTIAN ED CENTER DBA CENTERPOINT				·			
1050 ELEPHANT TRAIL							SOCIAL SERVICES
GAINESVILLE GA 30503	58-1022054	3	8,900				
EAGLE RANCH							
CH ROAD					•		SOCIAL SERVICES
FLOWERY BRANCH GA 30542	58-1497408	3	9,456				

2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations

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

Schedule | (Form 990) 2009 NORTH GEORGIA COMMUNITY FOUNDATION, 58-1610318

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part III

ت ا	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, Poscription of non-cash assistance FMV, appraisal, other)
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the information	on required in Part I,	line 2, and any other additi	onal information.

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.

58-1610318 Schedule | (Form 990) 2009 NORTH GEORGIA COMMUNITY FOUNDATION,

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, Rf) Description of non-cash assistance FMV, appraisal, other)
					:	
				`		:
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	rovide the information	on required in Part I,	line 2, and any other addition	onal information.

ø NOMINEE MUST BE ABLE TO SATISFY NGCF'S DUE DILIGENCE REQUIREMENTS BEFORE TO QUALIFY FOR A GRANT DISTRIBUTION FROM NGCF, AN APPLICANT, DESIGNEE OR GRANT IS MADE. "DUE DILIGENCE" MEANS THAT, PRIOR TO MAKING A GRANT, NGCF HAS CONDUCTED AN 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 INDEPENDENT INVESTIGATION OF THE PROSPECTIVE GRANTEE AND, USING DUE DILIGENCE, HAS BEEN ABLE TO ESTABLISH THAT THE PROSPECTIVE GRANTEE

Schedule I (Form 990) 2009 NORTH GEORGIA COMMUNITY FOUNDATION, 58-1610318

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Part III

	Ose I alt IV alla Scriedale I-1 (1 ollii 330) ii additoliai		ilal apace la liceaca.			
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
W tro	Sundamental Information Complete this part to provide the information required in Dart I line 2 and any other additional information	Complete this part to	provide the information	I had in bart I	line 2 and any other additiv	not information

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Part IV

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.

THE "DESIGNEE" MEANS ANY PROSPECTIVE GRANTEE THAT IS PRE-DESIGNATED BY

TERMS OF AN NGCF COMPONENT FUND TO RECEIVE SUPPORT FROM THAT FUND

"NOMINEE" MEANS ANY PROSPECTIVE GRANTEE THAT IS RECOMMENDED BY: A

٠;

99 NORTH GEORGIA COMMUNITY FOUNDATION, 58-1610318	Grants and Other Assistance to Individuals in the United States. Complete if the org
FOUNDATION,	he United States.
COMMUNITY	Individuals in t
H GEORGIA	Assistance to
NORTI	d Other
Schedule I (Form 990) 2009	Grants an
Schedule I (F	Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.		(d) Amount of (e) Method of valuation (book, non-cash assistance FMV, appraisal, other)	•		•	
United States. Comp	nal space is needed	(c) Amount of cash grant				
to Individuals in the	(Form 990) if addition	(b) Number of recipients				
Part III Grants and Other Assistance	Use Part IV and Schedule I-1 (Form 990) if additiona	(a) Type of grant or assistance				
Part III						

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. FIELD-OF-INTEREST FUND; OR, THE BOARD OF DIRECTORS OF NGCF FOR SUPPORT FROM DONOR-ADVISOR FOR SUPPORT FROM A SPECIFIC DONOR-ADVISED FUND; A SELECTION COMMITTEE FOR SUPPORT FROM A SPECIFIC SCHOLARSHIP, AWARD, OR OTHER ANY DISCRETIONARY FUNDS THEN AVAILABLE TO THEM. Part IV

DUE DILIGENCE INVESTIGATION

Þ BASIS FOR NGCF STAFF DUE DILIGENCE REVIEW PRIOR TO A GRANT FROM ANY FUND OF PROPOSED AND THE NATURE OF THE GRANT (E.G., COMPETITIVE OR NONCOMPETITIVE; A PROSPECTIVE GRANTEE WILL BE EXPECTED TO PROVIDE INFORMATION TO SERVE AS INFORMATION REQUIRED WILL VARY DEPENDING ON THE SIZE OF THE GRANT NGCF.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 58-1610318 I se Dart IV and Schedule I-1 (Form 990) if additional snace is needed Schedule I (Form 990) 2009 NORTH GEORGIA COMMUNITY FOUNDATION,

	Use Part IV and Schedule I-1 (Form 990) if additional space is needed	l (Form 990) if additio	onal space is needed			
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
						•
\\ \tau_0	Surplemental Information Complete this part to provide the information required in Bart I line 2 and any other additional information	tot they sight etallound	provide the information	I hed in Part I	line 2 and any other additi	onal information

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 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 GENERAL PURPOSE OR SPECIFIC PROJECT). COMPLETE A FUNDING ANALYSIS Part IV

EVIDENCE OF QUALIFICATION

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

Schedule | (Form 990) 2009 NORTH GEORGIA COMMUNITY FOUNDATION, 58-1610318

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, Poscription of non-cash assistance FMV, appraisal, other)
						•
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	rovide the informatio	on required in Part I, I	line 2, and any other additi	onal information.

ACCEPTABLE). THIS REQUIREMENT MAY ALSO BE SATISFIED BY USING THE GUIDESTAR FOR GRANTS FROM DONOR ADVISED FUNDS TO 509(A)(3) SUPPORTING ORGANIZATIONS" IRS AS A 509(A)(3) SUPPORTING ORGANIZATION, NGCF'S "DUE DILIGENCE PROCESS IF THE NOMINEE ORGANIZATION IS CLASSIFIED BY THE CHARITY CHECK SERVICE. MUST BE USED

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

Schedule | (Form 990) 2009 NORTH GEORGIA COMMUNITY FOUNDATION, 58-1610318

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Part IV

*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.

Schedule | (Form 990) 2009 NORTH GEORGIA COMMUNITY FOUNDATION, 58-1610318

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. GRANTEE QUALIFIES FOR A GRANT DISTRIBUTION, THEN THE GRANT MAY MOVE FORWARD *IF THE NGCF DUE DILIGENCE INVESTIGATION DETERMINES THAT THE PROSPECTIVE IN THE GRANT AWARD PROCESS. Part IV

IS NEEDED BEYOND THE SCOPE OF DUE DILIGENCE INFORMATION PRESCRIBED IN THIS RECEIVING IT, SHALL REASSESS WHETHER THE PROSPECTIVE GRANTEE QUALIFIES FOR *IF THE NGCF DUE DILIGENCE INVESTIGATION DETERMINES THAT MORE INFORMATION POLICY, THEN NGCF SHALL REQUEST THAT SPECIFIC INFORMATION AND, UPON A GRANT DISTRIBUTION. Schedule | (Form 990) 2009 NORTH GEORGIA COMMUNITY FOUNDATION, 58-1610318

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. GRANTEE DOES NOT QUALIFY FOR A GRANT DISTRIBUTION, THEN NGCF SHALL INFORM THE PROSPECTIVE GRANTEE, AND IF APPLICABLE, THE DONOR ADVISOR TO THE FUND *IF THE NGCF DUE DILIGENCE INVESTIGATION DETERMINES THAT THE PROSPECTIVE MAKING THE GRANT, OF THIS DECISION AND THE APPLICATION, DESIGNATION, OR NOMINATION SHALL BE CONSIDERED REJECTED Part IV

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

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(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Part IV

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

58-1610318 Schedule I (Form 990) 2009 NORTH GEORGIA COMMUNITY FOUNDATION,

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
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i						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	complete this part to	provide the information	on required in Part I,	line 2, and any other addition	onal information.

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

Schedule | (Form 990) 2009 NORTH GEORGIA COMMUNITY FOUNDATION, 58-1610318

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed

	Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	(Form 990) if addition	iriai space is needed			
	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
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VI 400	Cumplemental Information Complete this nort to prov	of the other of	provide the informative	Land ai boring an	ide the information required in Bort I line 2 and any other additional information	opol information

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Part IV

CLASSIFICATION UNDER SECTION 509(A)(1), (2) OR (3);

*A STATEMENT THAT THE INFORMATION IS FROM THE MOST-CURRENTLY AVAILABLE IRS

MONTHLY UPDATE TO THE BUSINESS MASTER FILE, ALONG WITH THE IRS BUSINESS

MASTER FILE REVISION DATE; AND

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

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

THE NORTH GEORGIA COMMUNITY FOUNDATION DOES NOT MAKE GRANTS TO SUPPORTING

ORGANIZATIONS THAT ARE DETERMINED TO BE A TYPE III NON-FUNCTIONALLY

INTEGRATED 509(A)(3) SUPPORTING ORGANIZATION. IN ADDITION, IT DOES NOT MAKE

GRANTS TO ANY TYPE OF 509(A) (3) SUPPORTING ORGANIZATION DETERMINED TO

Schedule | (Form 990) 2009 NORTH GEORGIA COMMUNITY FOUNDATION, 58-1610318

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
i i						
Part IV	Supplemental Information. Complete this part to provide the information required in Part I. line 2, and any other additional information.	omplete this part to c	provide the information	on required in Part I.	line 2, and any other additi	onal information.

OH H CONTROLLED BY ONE OR MORE DONOR ADVISORS (AND ANY RELATED PARTIES) Supplemental information. Complete this part to provide the information required in ran IV

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THE FOLLOWING DEFINITIONS DESCRIBE THE RELEVANT DONOR ADVISED FUND.

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

Schedule | (Form 990) 2009 NORTH GEORGIA COMMUNITY FOUNDATION, 58-1610318

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

.	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, Fig. (f) Description of non-cash assistance FMV, appraisal, other)
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Part IV	Supplemental Information. Complete this part to pr	omplete this part to p	rovide the information	on required in Part I,	rovide the information required in Part I, line 2, and any other additional information.	onal information.

C. TYPE III: THESE OPERATE WITH A GREATER DEGREE OF INDEPENDENCE FROM THE

ORGANIZATION THEY SUPPORT. TYPICALLY THE SUPPORTED ORGANIZATION APPOINTS

INSTITUTES OTHER PROCEDURES DESIGNED TO ENSURE THAT THE SUPPORTING

ONE MEMBER OF THE GOVERNING BOARD OF THE SUPPORTING ORGANIZATION AND

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

THE SUPPORTED PERFORMS THE FUNCTIONS OF OR CARRIES OUT THE PURPOSES OF

58-1610318 Schedule I (Form 990) 2009 NORTH GEORGIA COMMUNITY FOUNDATION,

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Part IV

ORGANIZATION WOULD NORMALLY ENGAGE IN THOSE ACTIVITIES DIRECTLY

ORGANIZATION AND, BUT FOR THE SUPPORTING ORGANIZATION, THE SUPPORTED

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

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Schedule | (Form 990) 2009 NORTH GEORGIA COMMUNITY FOUNDATION, 58-1610318

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. WHEN A DONOR RECOMMENDS A GRANT TO A 509(A) (3) SUPPORTING ORGANIZATION, THE Part IV

I. DETERMINATION OF TYPE OF SUPPORTING ORGANIZATION

FOLLOWING STEPS MUST BE TAKEN BEFORE THE GRANT IS APPROVED AND PAID:

- 1. PROGRAM/DONOR SERVICES STAFF WILL OBTAIN THE FOLLOWING DOCUMENTATION FROM THE ORGANIZATION FOR WHICH A GRANT IS RECOMMENDED:
- REASONS FOR THEIR CONCLUSIONS INCLUDING REFERENCE TO APPROPRIATE SECTIONS A. A REASONED WRITTEN OPINION OF THEIR LEGAL COUNSEL CONCLUDING THAT THE REVIEWED THE ORGANIZATION'S GOVERNING INSTRUMENTS AND SHOULD STATE THE ORGANIZATION IS A TYPE I, TYPE II, OR FUNCTIONALLY INTEGRATED TYPE III SUPPORTING ORGANIZATION. THE LETTER SHOULD STIPULATE THAT COUNSEL HAS

58-1610318 Schedule | (Form 990) 2009 NORTH GEORGIA COMMUNITY FOUNDATION,

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, FMV, appraisal, other)
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Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to	provide the information	on required in Part I,	line 2, and any other addition	onal information.

OF THE PENSION PROTECTION ACT OF 2006. Part IV

- APPROVAL, AND WILL DOCUMENT IN WRITING ON THE OPINION LETTER TODAY'S DATE, 2. THE PROGRAM/DONOR SERVICES STAFF WILL REVIEW THE OPINION LETTER FOR
- THE OPINION LETTER WILL BE SCANNED AND STORED IN THE "CHARITABLE . ო

INITIALS, AND THE APPROVED TYPE STATUS AND WILL PROCEED TO STEP II (A).

STATUS" DOCUMENTATION FILE LOCATED UNDER THE GRANTMAKING FOLDER IN NGCF'S

- ELECTRONIC DOCUMENTS LIBRARY THE DATE OF EXPIRATION WILL BE PART OF ITS
- 4. ONCE SUCH AN OPINION LETTER IS RECEIVED AND APPROVED, IT WILL BE

TITLE

CONSIDERED VALID FOR A PERIOD OF THREE YEARS. AFTER THAT, BEFORE RECEIVING

58-1610318 Schedule | (Form 990) 2009 NORTH GEORGIA COMMUNITY FOUNDATION,

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

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_	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
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		:				
Part IV	Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	Complete this part to j	provide the information	on required in Part I,	line 2, and any other additi	onal information.

THE LETTER AND TO STIPULATE THAT THERE HAVE BEEN NO CHANGES TO THEIR LEGAL AN ADDITIONAL GRANT, THE ORGANIZATION WILL BE ASKED TO RESUBMIT A COPY OF STRUCTURE THAT WOULD AFFECT THE LEGAL OPINION Part IV

II. DETERMINATION OF CONTROL BY DISQUALIFIED PERSON(S)

- 1. FOR EACH NEW GRANT RECOMMENDATION THE PROGRAM/DONOR SERVICES STAFF MUST SUPPORTING ORGANIZATION AND A LIST OF THE ORGANIZATION(S) IT SUPPORTS AND ALSO OBTAIN A LIST OF THE MEMBERS OF THE BOARD OF DIRECTORS OF BOTH THE OF THE MEMBERS OF THEIR BOARD (S) OF DIRECTORS
- A. BOARD LISTS RECEIVED FROM THE ORGANIZATION WITHIN THE PAST YEAR MAY BE

Schedule I (Form 990) 2009

58-1610318 Schedule | (Form 990) 2009 NORTH GEORGIA COMMUNITY FOUNDATION,

(f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Par =

THE USED TO MEET THIS REQUIREMENT FOR ANY ADDITIONAL GRANTS RECOMMENDED TO

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

ORGANIZATION

Part IV

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

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Schedule | (Form 990) 2009 NORTH GEORGIA COMMUNITY FOUNDATION, 58-1610318

(f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV

TITLE.

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

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

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SCHEDULE 1-1 (Form 990)

Continuation Sheet for Schedule I (Form 990)

Open to Public Inspection 2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service		► Attach to Form Schedule	th to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.	al information for or Part III.			Open to Public Inspection
NORTH GEORGIA	COMMUNITY	FOUNDATION		:		Em 58	Employer identification number 58–1610318
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance t	o Governments	and Organizatio	ons in the Unite	d States (Sche	edule I (Form 990)	i, Part II.)
	(b) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
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TER FOR LEADERSHII STREET, NE, STE 1:	26-0813049	ო	000,06		-		EDUCATION
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GAINESVILLE JAYCEES CHARITIES P.O. BOX. 1216	31-1763149	ო	40,000				SOCIAL SERVICES
PARKS & RECREATION TREET OF CA	58-6000581	ю	11,906				CIVIC/COMMUNTY
STATE COLLEGI	58-6073474	ε	11,650				SOCIAL SERVICES
ARTMENT OF NA. THER KING JR I	58-1130945	AOS	75,000				CIVIC/COMMUNTY
GEORGIA MOUNTAIN FOODBANK P_OBOX_233	26-2787610	6 .	100,600	:			SOCIAL SERVICES
GLORY HOPE AND LIFE — — — — — — — — — — — — — — — — — — —	26-4134012 see the Instructi	3 ons for Form 990.	104,766				SOCIAL SERVICES Schedule I-1 (Form 990) 2009

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SCHEDULE I-1 (Form 990)

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

Oper to Public Inspection 2009

OMB No 1545-0047

Department of the Treasury Internal Benefits Service		► Attach to Form Schedule	 Attach to Form 990 to list additional information for Schedule I (Form 990). Part II or Part III. 	al information for or Part III.			Oper to Public Inspection
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		NOT 11171100 1					58-1610318
Part I Continuation of Grants and Other Assistance to Govern	er Assistance to	5 Governments		ons in the Unite	d States (Sche	and Organizations in the United States (Schedule I (Form 990)	, Part II.)
(a) Name and address of organization or government	(p) EIN	(c) IRC Code 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 non-cash assistance	(h) Purpose of grant or assistance
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GAINESVILLE GA 30501	58-2058853	3	54,600				неастн
OPAL CHURCH AVE							
GAINESVILLE GAINESVILLE HABITAT FOR HUMANITY - HALL COUNTY	28-1524654		002,12				NETTETON
 - 45	58-1849321	8	20,500				SOCIAL SERVICES
HAGGAI INSTITUTE							
	58-0898309	ю	18,200				SOCIAL SERVICES
INTERACTIVE NEIGHBORHOOD FOR KIDS							
999 CHESINUI SI	75-3077646	ຕ	10,800				CIVIC/COMMUNITY
JOHN JARRARD FOUNDATION							
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ADEMY (GAINESVILL)							
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ATE UNIVERSITY (PA							
EAST LANSING MI 48824	38-6005984	m	310,400				EDUCATION
HIGAN HOSPITAL FO							
360 CONNABLE AVENUE							
PETOSKEY MI 49770	38-2445611	8	38,800				неастн
THE MEDICAL CENTER FOUNDATION 2150 LIMESTONE PARKWAY							
GAINESVILLE GA 30501	58-1694820	3	91,400				SOCIAL SERVICES
UNITED WAY OF HALL CO.							
_ 5 <u>27</u> OAK STREET	58-6011393	3	40,800				SOCIAL SERVICES
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instruction	ons for Form 990.					Schedule I-1 (Form 990) 2009

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SCHEDULE 1-1 (Form 990)

Department of the Treasury

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990). Part III or Part III.

Open to Public Inspection 2009

OMB No 1545-0047

Internal Revenue Service		Schedule	I (Form 990), Part II	or Part III.			Inspection
1	MMUNITY	FOUNDATION	,			Emp	Employer identification number
- 1						80	
Part I Continuation of Grants and Other Assistance to Govern	Assistance to	Governments	and Organization	ons in the Unite	d States (Sche	edule I (Form 990)	, Part II.)
l	(p) EIN	(c) IRC Code section if applicable	(c) IRC Code section (d) Amount of cash grant if applicable	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	de section (d) Amount of cash grant (e) Amount of non-cash (f) Method of valuation (g) Description of assistance other)	(h) Purpose of grant or assistance
WESLEYAN SCHOOL 5405 SPALDING DRIVE	58-2147411	ო	000 8				EDUCATION
UNTY SCHOOL SYSTEM H BROOKS ST _ GA	58-6000346	ΛΟ5	114,495				EDUCATION
CE 684 GA	26-2882799	8	66,904				SOCIAL SERVICES
	i						
1 1 1 1 1 1							
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruction	ons for Form 990.					Schedule I-1 (Form 990) 2009

Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)	her Assistance to Indiv	viduals in the United S	tates (Schedule I (Form	า 990), Part III.)	
	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
					:

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

NORTH GEORGIA COMMUNITY FOUNDATION, INC.

Employer identification number 58–1610318

Types of Property Part I (a) (b) (c) (d) Check If Number of Contributions Revenues reported on Method of determining applicable Form 990, Part VIII, line 1g revenues Art-Works of art Art-Historical treasures 3 Art-Fractional interests Books and publications Clothing and household 5 goods Cars and other vehicles Boats and planes 8 Intellectual property 10 749,076 FAIR MARKET VALUE X 9 Securities-Publicly traded 10 Securities-Closely held stock Securities-Partnership, LLC, 11 or trust interests Securities-Miscellaneous 12 Qualified conservation 13 contribution-Historic structures Qualified conservation 14 contribution-Other Real estate—Residential 15 16 Real estate-Commercial Real estate-Other 17 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy Historical artifacts 22 23 Scientific specimens Archeological artifacts 24 Other ▶ (25 26 Other ► (Other ▶ (27 28 Other ▶ (29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be X 30a used for exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard X 31 contributions? Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a X 32a contributions? If "Yes," describe in Part II b If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, 33

Schedule M (Form 990) 2009 NORTH GEORGIA COMMUNITY FOUNDATION, 58-1610318

Page 2

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

PART I, LINE 32B - THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS

NGCF USES BROKERS TO PROCESS GIFTS OF STOCK AND MUTUAL FUNDS. NGCF HAS

RELATIONSHIPS WITH WELLS FARGO, MERRILL LYNCH, EDWARD JONES, REGIONS/MORGAN

KEEGAN AND SMITH BARNEY

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

NORTH GEORGIA COMMUNITY FOUNDATION, INC.

Open to Public Inspection

Employer identification number

OMB No 1545-0047

58-1610318

FORM 990, PART III, LINE 4C - THIRD ACHIEVEMENT

RECORD OF EXCEPTIONAL GENEROSITY AND WHOSE GENEROSITY ENCOURAGES OTHERS TO

TAKE PHILANTHROPIC LEADERSHIP ROLES.

FORM 990, PART VI, LINE 11A - 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

Name of the organization ,

NORTH GEORGIA COMMUNITY FOUNDATION,

Employer identification number 58-1610318

BUSINESS FACTORS.

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

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
THE GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

ាង683 NORTH GEORGIA COMMUNITY FOUNDATION, 58-1610318 Federal Statements 58-1610318

FYE: 12/31/2009

Description Amount 19,125 ACCOUNTS PAYABLE 7,279 ACCRUED PAYROLL TAXES 26,404 TOTAL

11/3/2010 4:57 PM

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

► See separate instructions.

NORTH GEORGIA COMMUNITY FOUNDATION,

INC.

Identifying number 58-1610318

	ess or activity to which this form relates NDIRECT DEPRECIAT	ION								
	Reference	se Certain Prop	•			comi	olete Pa	rt I		
1	Maximum amount See the instruct				ololo you	00111	<u> </u>		1	250,000
2	Total cost of section 179 property p	-							2	
3	Threshold cost of section 179 prop			structions	s)				3	800,000
4	Reduction in limitation Subtract line	•	,		-,				4	
5	Dollar limitation for tax year Subtract lin		•	ried filina :	senarately see	e instruc	ctions		5	
6	(a) Description		Toda, Britar a minar		(business use			Elected cost		
-		. , ., .,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-,,	, ,			
•										
7	Listed property Enter the amount f	rom line 29				7				
8	Total elected cost of section 179 pr		ın column (c) lines	6 and 7					8	
9	Tentative deduction Enter the sma	• •	111 COIGITITI (C), IIIICO	, o una ,					9	
10	Carryover of disallowed deduction		008 Form 4562						10	
11	Business income limitation Enter t	•		han zore	s) or line 5 (c	oo inci	tructions)		11	
12	Section 179 expense deduction Ad		•		,	CC 1113	ii uciioris)		12	
13	Carryover of disallowed deduction			liiaii iiiie	'' .	13			12	
	: Do not use Part II or Part III below					13				
	art II Special Depreciat	, , ,		ociatio	n (Do no	t incl	ude liste	d prope	rtv)	(See instr.)
<u></u> 14	Special depreciation allowance for		-				ude note	a prope	, ty.,	OCC msa.)
14	during the tax year (see instruction		er triair listed prope	erty) piac	eu iii sei vice	5			14	
15	Property subject to section 168(f)(1	•							15	
16	Other depreciation (including ACR)	•							16	47,364
	art III MACRS Depreciat	•	de listed prope	arty) (See instru	iction	e)		10	47,304
ГС	MACKO Depreciat	ion (Do not mole	Secti		JCC IIISti C	CLIOII	3.)			
17	MACRS deductions for assets place	ed in capilca in tax ve							17	0
17 18	If you are electing to group any assets place				oral accet acc	ounte c	book boro	. 🗆		<u></u>
10		-Assets Placed in Se							stem	
		(b) Month and year	(c) Basis for depre		(d) Recovery					
	(a) Classification of property	placed in service	(business/investme only-see instruct	ent use	period	(e) C	Convention	(f) Meth	nod	(g) Depreciation deduction
19a	3-year property	Service	Only-see instruct	iions)		 				
b	5-year property	1								
		1								
	7-year property	-								
	10-year property	-	= .							
e	15-year property	1				\vdash	<u> </u>			
_ <u>'</u> _	20-year property	-			2E 1/50			C/I		
_ <u>g</u>		<u> </u>	-		25 yrs	 	NANA	S/L S/L		
h	property				27 5 yrs		MM			
					27 5 yrs		MM MM	S/L		
i	Nonresidential real property				39 yrs			S/L		
	<u> </u>	│ ∖ssets Placed in Serv	ico Durina 2000 T	av Voar	Heina the /	Mtorns	MM Dopr	S/L	vetom	
		issets Flaceu III Serv	lice During 2009 i	ax rear	Using the A	Aiterna	tive Depr	r	ystem	
	Class life	-			40	-		S/L		
	12-year				12 yrs			S/L		
	40-year	<u> </u>	L		40 yrs	Ц	MM	S/L		<u> </u>
	art IV Summary (See ins									
21	Listed property Enter amount from								21_	
22	Total. Add amounts from line 12, li	_				Enter	here			47 004
	and on the appropriate lines of you				structions				22	47,364
~~	Ear accate chave above and place	ad in service during the	a current vear ante	or tha		1	i			+
23	For assets shown above and place portion of the basis attributable to s	-	s current year, ente	ei tile		23				[