



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning 07/01/09 and ending 06/30/10

B Check if applicable	Please use IRS label or print of		C Name of organization NORTH GEORGIA COLLEGE AND STATE UNIVERSITY FOUNDATION, INC.	D Employer identification number 23-7066297
<input type="checkbox"/> Address change	Doing Business As			E Telephone number 706-864-1545
<input type="checkbox"/> Name change	type. Number and street (or P O box if mail is not delivered to street address)		Room/suite	G Gross receipts 25,834,275
<input type="checkbox"/> Initial return	See P. O. BOX 1599			
<input type="checkbox"/> Termination	Specific Instruc-		City or town, state or country, and ZIP + 4	
<input type="checkbox"/> Amended return	tions. DAHLONEGA		GA 30533	
<input type="checkbox"/> Application pending	F Name and address of principal officer			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

J Website: ◆ WWW.NORTHGEORGIA.EDU

K Type of organization Corporation Trust Association Other ◆ L Year of formation 1959 M State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities

SUPPORT NORTH GEORGIA COLLEGE & STATE UNIVERSITY STUDENTS, FACULTY, STAFF,
AND ALUMNI AND THE RELATED EDUCATIONAL PROGRAMS.

2 Check this box ◆ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of employees (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total gross unrelated business revenue from Part VIII, column (C), line 12

b Net unrelated business taxable income from Form 990-T, line 34

RECEIVED

410	FEB 18 2011	IRS-OS
10	10	10
11	11	11
12	12	12

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

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

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

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

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

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

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

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

b Total fundraising expenses (Part IX, column (D), line 25) ◆ 255,660

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

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

19 Revenue less expenses Subtract line 18 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

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

Part II Signature Block

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

Sign
Here

Signature of officer

ANDREW LEAVITT

Type or print name and title

✓ 2/14/2011

EXECUTIVE DIRECTOR

Paid
Preparer's
Use OnlyPreparer's
signature

DEBORAH L. PRIEST, CPA

Date

02/11/11

Check if
self-
employed◆ Preparer's identifying number
(see instructions)

P00148240

Firm's name (or yours
if self-employed),
address, and ZIP + 4WINDHAM BRANNON PC
1355 PEACHTREE ST NE, STE 200
ATLANTA, GA 30309-3230

EIN ◆ 58-2025040

Phone
no ◆ 770-730-5000

May the IRS discuss this return with the preparer shown above? (see instructions)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
DAAYes No

Form 990 (2009)

G18 24

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

SUPPORT NORTH GEORGIA COLLEGE & STATE UNIVERSITY STUDENTS, FACULTY, STAFF, AND ALUMNI AND THE RELATED EDUCATIONAL PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O

4 Describe the 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 \$ 259,156 including grants of \$) (Revenue \$)

ACADEMIC AND EDUCATION - TO SUPPORT THE FACULTY AND THE ACADEMIC PROGRAMS AND DEPARTMENTS OF NORTH GEORGIA COLLEGE & STATE UNIVERSITY.

4b (Code) (Expenses \$ 1,139,656 including grants of \$ 717,038) (Revenue \$)

STUDENT AFFAIRS - TO SUPPORT STUDENT FINANCIAL NEEDS, STUDENT LEARNING OPPORTUNITIES, ATHLETIC PROGRAMS, LIFE EXPERIENCES AND OTHER ACTIVITIES FOR THE BENEFIT OF THE STUDENTS AT NORTH GEORGIA COLLEGE & STATE UNIVERSITY.

4c (Code) (Expenses \$ 3,263,153 including grants of \$) (Revenue \$)

CAMPUS FACILITIES - EXPENDITURES FOR THE CONSTRUCTION AND OPERATION OF CAMPUS FACILITIES AT NORTH GEORGIA COLLEGE & STATE UNIVERSITY.

4d Other program services (Describe in Schedule O)

(Expenses \$ 195,568 including grants of \$) (Revenue \$)

4e Total program service expenses ♦ 4,857,533

Part IV Checklist of Required Schedules

- 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
- 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2
- 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
- 4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4
- 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
- 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8
- 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
- 10 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
- 11 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
 - Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 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
 - 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
- 12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12
- 12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. 12A
- 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13
- 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a
 - b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b
- 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15
- 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16
- 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17
- 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18
- 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19
- 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20

	Yes	No
1	<input checked="" type="checkbox"/>	
2	<input checked="" type="checkbox"/>	
3		<input checked="" type="checkbox"/>
4		<input checked="" type="checkbox"/>
5		
6		<input checked="" type="checkbox"/>
7		<input checked="" type="checkbox"/>
8		<input checked="" type="checkbox"/>
9		<input checked="" type="checkbox"/>
10	<input checked="" type="checkbox"/>	
11	<input checked="" type="checkbox"/>	
12	<input checked="" type="checkbox"/>	
13		<input checked="" type="checkbox"/>
14a		<input checked="" type="checkbox"/>
14b		<input checked="" type="checkbox"/>
15		<input checked="" type="checkbox"/>
16		<input checked="" type="checkbox"/>
17		<input checked="" type="checkbox"/>
18		<input checked="" type="checkbox"/>
19		<input checked="" type="checkbox"/>
20		<input checked="" type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III

23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV

c 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, Part IV

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I

34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

36 **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

38 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

	Yes	No
21		X
22	X	
23		X
24a	X	
24b		X
24c	X	
24d		X
25a		X
25b	X	
26		X
27		X
28a		X
28b		X
28c		X
29	X	
30		X
31		X
32		X
33	X	
34		X
35		X
36		X
37		X
38		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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	1	Yes	No
1b	0		

1c

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	0	Yes	No
2b			

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

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 Bank and Financial Accounts

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?

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?

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 **Organizations that may receive deductible contributions under section 170(c).**

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?

b If "Yes," did the organization notify the donor of the value of the goods or services provided?

c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

d If "Yes," indicate the number of Forms 8282 filed during the year

7d		Yes	No
7e			

e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?

h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?

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?

9 **Sponsoring organizations maintaining donor advised funds.**

a Did the organization make any taxable distributions under section 4966?

b Did the organization make a distribution to a donor, donor advisor, or related person?

10 **Section 501(c)(7) organizations.** Enter

a Initiation fees and capital contributions included on Part VIII, line 12

10a		Yes	No
10b			

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 **Section 501(c)(12) organizations.** Enter

a Gross income from members or shareholders

11a		Yes	No
11b			

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12b		Yes	No
12a			

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.

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body **30**
 b Enter the number of voting members that are independent **30**

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? **X**

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? **X**

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? **X**

5 Did the organization become aware during the year of a material diversion of the organization's assets? **X**

6 Does the organization have members or stockholders? **X**

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? **X**
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? **X**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: **X**
 a The governing body? **X**
 b Each committee with authority to act on behalf of the governing body? **X**

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O **X**

	Yes	No
1a	30	
1b	30	
2		X
3		X
4		X
5		X
6		X
7a		X
7b		X
8a	X	
8b	X	
9		X

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

10a Does the organization have local chapters, branches, or affiliates? **X**
 b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **X**

11a Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Does the organization have a written conflict of interest policy? If "No," go to line 13
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

13 Does the organization have a written whistleblower policy?

14 Does the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
 a The organization's CEO, Executive Director, or top management official
 b Other officers or key employees of the organization
 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 with a taxable entity during the year?
 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a		X
10b		
11		X
12a	X	
12b	X	
12c	X	
13	X	
14	X	
15a		X
15b		X
16a		X
16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ◆ **GA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply
 Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 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 ◆ **ANDREW J LEAVITT** **P. O. BOX 1599** **GA 30533** **706-867-2873**

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 did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated	
COL (R) EDWARD J NIX CHAIRMAN	1.00	X		X				0 0 0
MR. GEORGE E COLEMAN VICE CHAIRMN	1.00	X		X				0 0 0
MR. E PAUL STRINGER SECRETARY	1.00	X		X				0 0 0
MRS. BARBARA DEMARCO WILLIAMS TREASURER	1.00	X		X				0 0 0
MG (RET) JERE H AKIN TRUSTEE	1.00	X						0 0 0
MR. H. DWIGHT MATHEWS TRUSTEE	1.00	X						0 0 0
DR. JAMES A CRUPI TRUSTEE	1.00	X						0 0 0
MR. WILLIAM S. CHAPMAN TRUSTEE	1.00	X						0 0 0
MR. MIKE COTTRELL TRUSTEE	1.00	X						0 0 0
DR. SHERMAN DAY TRUSTEE	1.00	X						0 0 0
MR. JAMES A. FAULKNER TRUSTEE	1.00	X						0 0 0
MRS. LESLIE FOWLER TRUSTEE	1.00	X						0 0 0
BG (R) DAVID GRANGE TRUSTEE	1.00	X						0 0 0
MR. JOE M. HATFIELD TRUSTEE	1.00	X						0 0 0
COL (RET) HAINES HILL TRUSTEE	1.00	X						0 0 0
MR. TERRY B HORTON TRUSTEE	1.00	X						0 0 0
MR. RONALD G. LARSON TRUSTEE	1.00	X						0 0 0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
MR. NICHOLAS W. MASSENGILL TRUSTEE	1.00	X					0	0	0
MR. ROBERT S. MATHEWS TRUSTEE	1.00	X					0	0	0
MRS. MARY HELEN MCGRUDER TRUSTEE	1.00	X					0	0	0
MR. J.T. MORGAN TRUSTEE	1.00	X					0	0	0
LTG (RET) BURTON DEWAYNE	PATRICK								
TRUSTEE	1.00	X					0	0	0
DR. L. JEFFREY PAYNE TRUSTEE	1.00	X					0	0	0
MR. BROOKS PENNINGTON III TRUSTEE	1.00	X					0	0	0
MRS. PATRICIA A. POWELL TRUSTEE	1.00	X					0	0	0
MRS. ROBERTA GREEN SIMS TRUSTEE	1.00	X					0	0	0
MS. JANICE H. VAN METER TRUSTEE	1.00	X					0	0	0
ANDREW LEAVITT EXECUTIVE DIRECTOR	20.00		X				0	80,000	0
1b Total						◆		80,000	

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

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

Yes	No
3	X
4	X
5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

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

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

0

Form 990 (2009) NORTH GEORGIA COLLEGE AND STATE

23-7066297

Page 9

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Program Service Revenue Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1,102,117				
	g Noncash contributions included in lines 1a-f	32,538				
	h Total. Add lines 1a-1f	◆	1,102,117			
Other Revenue	2a	Busn. Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	◆				
	3 Investment income (including dividends, interest, and other similar amounts)	◆	757,502			757,502
4 Income from investment of tax-exempt bond proceeds	◆					
5 Royalties	◆					
6a Gross Rents	(i) Real	(ii) Personal				
	447,172					
b Less rental exps	99,680					
c Rental inc or (loss)	347,492					
d Net rental income or (loss)	◆	347,492	342,604	4,888		
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	23,394,171					
b Less cost or other basis & sales exps	20,276,288					
c Gain or (loss)	3,117,883					
d Net gain or (loss)	◆	3,117,883	3,117,883			
8a Gross income from fundraising events (not including of contributions reported on line 1c)						
See Part IV, line 18	a					
b Less direct expenses	b					
c Net income or (loss) from fundraising events	◆					
9a Gross income from gaming activities						
See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities	◆					
10a Gross sales of inventory, less returns and allowances	a					
b Less cost of goods sold	b					
c Net income or (loss) from sales of inventory	◆					
Miscellaneous Revenue	Busn. Code					
11a FEES		110,250	110,250			
b SPONSORSHIP INCOME		23,063			23,063	
c						
d All other revenue						
e Total. Add lines 11a-11d	◆	133,313				
12 Total Revenue. See instructions	◆	5,458,307	3,570,737	4,888	780,565	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	717,038	717,038		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	161,596	36,856	62,370	62,370
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	17,218	17,218		
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	346,679	294,712	44,732	7,235
12 Advertising and promotion	46,163	17,647	369	28,147
13 Office expenses	11,504	6,340	2,943	2,221
14 Information technology				
15 Royalties				
16 Occupancy	21,937	11,981	9,236	720
17 Travel	37,751	36,052	191	1,508
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	2,041,235	2,001,671	39,564	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,244,774	1,163,615	81,159	
23 Insurance	24,714	910	21,222	2,582
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a MISCELLANEOUS EXPENSES	247,109	30,960	164,107	52,042
b ATHLETIC SUPPORT	134,124	134,124		
c FOOD & REFRESHMENTS	116,451	116,451		
d SUPPLIES	99,609	51,254	642	47,713
e MAINTENANCE	66,882	36,254	27,735	2,893
f All other expenses	258,880	184,450	26,201	48,229
25 Total functional expenses. Add lines 1 through 24	593,664	4,857,533	480,471	255,660
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1. Cash—non-interest bearing	636,818	1	405,837
	2. Savings and temporary cash investments	1,959,843	2	95,855
	3. Pledges and grants receivable, net	163,165	3	169,629
	4. Accounts receivable, net		4	
	5. Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6. Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7. Notes and loans receivable, net		7	
	8. Inventories for sale or use		8	
	9. Prepaid expenses and deferred charges	183,227	9	334,859
	10a. Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	2,365,633		
	b. Less accumulated depreciation	176,563	10c	2,189,070
	11. Investments—publicly traded securities	21,540,849	11	25,036,176
	12. Investments—other securities See Part IV, line 11		12	
	13. Investments—program-related See Part IV, line 11		13	
	14. Intangible assets		14	
	15. Other assets See Part IV, line 11	55,082,752	15	49,967,699
16. Total assets. Add lines 1 through 15 (must equal line 34)	84,817,263	16	78,199,125	
Liabilities	17. Accounts payable and accrued expenses	1,644,080	17	1,274,569
	18. Grants payable		18	
	19. Deferred revenue		19	
	20. Tax-exempt bond liabilities	45,640,000	20	45,125,000
	21. Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22. Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23. Secured mortgages and notes payable to unrelated third parties		23	
	24. Unsecured notes and loans payable to unrelated third parties		24	
	25. Other liabilities Complete Part X of Schedule D	13,665,565	25	6,593,935
	26. Total liabilities. Add lines 17 through 25	60,949,645	26	52,993,504
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27. Unrestricted net assets	-2,803,555	27	-2,248,617
	28. Temporarily restricted net assets	3,698,435	28	4,106,876
	29. Permanently restricted net assets	22,972,738	29	23,347,362
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30. Capital stock or trust principal, or current funds		30	
	31. Paid-in or capital surplus, or land, building, or equipment fund		31	
	32. Retained earnings, endowment, accumulated income, or other funds		32	
	33. Total net assets or fund balances	23,867,618	33	25,205,621
	34. Total liabilities and net assets/fund balances	84,817,263	34	78,199,125

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 b Were the organization's financial statements audited by an independent accountant?
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
 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
 Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
 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

	Yes	No
2a		<input checked="" type="checkbox"/>
2b	<input checked="" type="checkbox"/>	
2c	<input checked="" type="checkbox"/>	
3a		<input checked="" type="checkbox"/>
3b		

Form 990 (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

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.

► Attach to Form 990 or Form 990-EZ. ► See separate page.

Name of the organization NORTH GEORGIA COLLEGE AND STATE
UNIVERSITY FOUNDATION, INC.

Employer identification number
23-7066297

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)
9 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
e a Type I b Type II c Type III—Functionally integrated d Type III—Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
h (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
h (ii) A family member of a person described in (i) above?
h (iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 NORTH GEORGIA COLLEGE AND STATE

23-7066297

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)
Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	1,123,123	11,016,804	2,531,020	1,207,322	1,102,117	16,980,386
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,123,123	11,016,804	2,531,020	1,207,322	1,102,117	16,980,386
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						9,413,479
6 Public support. Subtract line 5 from line 4						7,566,907

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	1,123,123	11,016,804	2,531,020	1,207,322	1,102,117	16,980,386
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,285,555	2,952,772	3,040,449	1,687,032	1,100,106	11,065,914
9 Net income from unrelated business activities, whether or not the business is regularly carried on		6,727	38,521	30,323	30,012	105,583
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	354,013	262,587	289,481	161,207	133,313	1,200,601
11 Total support. Add lines 7 through 10						29,352,484
12 Gross receipts from related activities, etc (see instructions)					12	4,381,047
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						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	25.78 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	22.31 %
16a 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
17a 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b 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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		

Part IV 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

OTHER REVENUE \$ 1,200,601

PART II, LINE 17A - 10% FACTS AND CIRCUMSTANCE TEST - 2009

THE NORTH GEORGIA COLLEGE AND STATE UNIVERSITY FOUNDATION, INC. FAILED TO MEET THE 33 1/3 PUBLIC SUPPORT TEST FOR FISCAL YEARS ENDING 6/30/2009 AND 6/30/2010. THIS FAILURE IS A RESULT OF A \$3,500,000 CONTRIBUTION RECEIVED IN 2007 AND A \$7,000,000 CONTRIBUTION RECEIVED IN 2008 FROM A MEMBER OF ITS BOARD OF TRUSTEES. SINCE THE DONOR IS NOT DEEMED TO BE A DISINTERESTED PERSON, THESE DONATIONS ARE NOT ELIGIBLE TO BE EXCLUDED FROM THE PUBLIC SUPPORT TEST AS UNUSUAL GRANTS.

THE FOUNDATION IS THE DESIGNATED GIFT RECEIVING OFFICE FOR DONATIONS FROM THE GENERAL PUBLIC TO NORTH GEORGIA COLLEGE AND STATE UNIVERSITY. THE FOUNDATION IS AUTHORIZED BY THE BOARD OF REGENTS OF THE UNIVERSITY SYSTEM OF GEORGIA TO SERVE IN THIS ROLL. ALL DONATIONS TO THE SCHOOL ARE REQUESTED TO BE MADE TO THE FOUNDATION AND ARE SOLICITED USING MAIL AND THE UNIVERSITY WEBSITE.

THE FOUNDATION RECEIVED CONTRIBUTIONS FROM 2,869 DONORS IN THE FISCAL YEAR ENDING 6/30/2009 AND CONTRIBUTIONS FROM 3,253 DONORS IN THE FISCAL YEAR ENDING 3/30/2010. DONATIONS ARE RECEIVED FROM A WIDE VARIETY OF PERSONS INCLUDING ALUMNAE OF THE UNIVERSITY, BUSINESS AND NON-BUSINESS RESIDENTS OF THE NORTH GEORGIA COMMUNITY, AND PERSONS/BUSINESSES GENERALLY INTERESTED IN SUPPORTING THE SCHOOL'S ACADEMIC PROGRAMS. A LISTING OF SOME OF THE DONORS MAY BE FOUND ON THE UNIVERSITY WEBSITE.

Schedule A (Form 990 or 990-EZ) 2009 **NORTH GEORGIA COLLEGE AND STATE** **23-7066297** Page 4

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.

**THE BOARD OF TRUSTEES OF THE FOUNDATION CONSISTES OF UNIVERSITY ALUMNAE AND
MEMBERS OF THE BUSINESS COMMUNITY IN THE STATE OF GEORGIA.**

**BASED ON THE ABOVE FACTS AND CIRCUMSTANCES AND THE FACT THAT THE
FOUNDATION'S CURRENT PUBLIC SUPPORT TEST IS 25.70%, THE FOUNDATION BELIEVES
THAT ITS MEETS THE 10% FACTS AND CIRCUMSTANCE TEST AND, THEREFORE,
CONTINUES TO BE A PUBLIC CHARITY.**

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**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

2009Open to Public
Inspection

Name of the organization

**NORTH GEORGIA COLLEGE AND STATE
UNIVERSITY FOUNDATION, INC.**

Employer identification number

23-7066297**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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

Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
 Protection of natural habitat Preservation of certified historic structure
 Preservation of open space

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

a Total number of conservation easements
b Total acreage restricted by conservation easements
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
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ◆ _____

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

4 Number of states where property subject to conservation easement is located ◆ _____
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year
◆ _____
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
◆ \$ _____
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 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

 Yes No Yes No**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** 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
b 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 ◆ \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
a Revenues included in Form 990, Part VIII, line 1 ◆ \$ _____
b Assets included in Form 990, Part X ◆ \$ _____

Schedule D (Form 990) 2009 NORTH GEORGIA COLLEGE AND STATE 23-7066297 Page 2

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange programs
 e Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes No

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

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	20,132,518	25,194,255			
b Contributions	331,645	224,197			
c Net investment earnings, gains, and losses	492,294	-4,011,198			
d Grants or scholarships	847,702	791,346			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	20,108,755	20,132,518			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ◆ _____ %

b Permanent endowment ◆ 100.00 %

c Term endowment ◆ _____ %

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

(i) unrelated organizations

(ii) related organizations

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

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,339,154			1,339,154
b Buildings				
c Leasehold improvements		1,026,479	176,563	849,916
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))			◆	2,189,070

Schedule D (Form 990) 2009

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

Part IX Other Assets. See Form 990, Part X, line 15.

Part X Other Liabilities See Form 990, Part X, line 25

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedule D (Form 990) 2009 NORTH GEORGIA COLLEGE AND STATE 23-7066297 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,458,307
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	5,593,664
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	-135,357
4 Net unrealized gains (losses) on investments	4	-754,737
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	2,228,099
9 Total adjustments (net) Add lines 4 through 8	9	1,473,362
10 Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	1,338,005

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

1 Total revenue, gains, and other support per audited financial statements	1	7,201,198
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2a	-754,737
b Donated services and use of facilities	2b	192,106
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV)	2d	2,205,842
e Add lines 2a through 2d	2e	1,643,211
3 Subtract line 2e from line 1	3	5,557,987
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	-99,680
c Add lines 4a and 4b	4c	-99,680
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,458,307

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

1 Total expenses and losses per audited financial statements	1	5,863,193
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2a	192,106
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV)	2d	
e Add lines 2a through 2d	2e	192,106
3 Subtract line 2e from line 1	3	5,671,087
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV)	4b	-77,423
c Add lines 4a and 4b	4c	-77,423
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	5,593,664

Part XIV Supplemental Information

Complete 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 and 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 this part to provide any additional information

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

<u>INSTALLMENT SALE OF REAL ESTATE</u>	\$	2,205,842
<u>UBIT RENTAL EXPENSES</u>	\$	99,680
<u>UBIT EXPENSES</u>	\$	-99,680
<u>BOOK / TAX DEPRECIATION DIFFERENCE</u>	\$	22,257

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

Part XIV Supplemental Information (continued)

INSTALLMENT SALE OF REAL ESTATE \$ 2,205,842

PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER
UBIT RENTAL EXPENSES \$ -99,680

PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER
UBIT EXPENSES \$ -99,680

BOOK / TAX DEPRECIATION DIFFERENCE \$ 22,257

SCHEDULE I
(Form 990)
**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

Department of the Treasury

Internal Revenue Service

OMB No 1545-0047

2009**Open to Public
Inspection**

Name of the organization	NORTH GEORGIA COLLEGE AND STATE UNIVERSITY FOUNDATION, INC.		
◆ Attach to Form 990.			Employer identification number 23-7066297

Part I General Information on Grants and Assistance

1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "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 ◆ <input checked="" type="checkbox"/>				
Part IV and Schedule I-1 (Form 990) if additional space is needed				
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grants or assistance
				(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

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.
DAA

◆

◆

Schedule I (Form 990) 2009

SCHEDULE K
 (Form 990)

Supplemental Information on Tax-Exempt Bonds

◆ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

◆ Attach to Form 990. See separate instructions.

 Department of the Treasury
 Internal Revenue Service

 Name of the organization
**NORTH GEORGIA COLLEGE AND STATE
UNIVERSITY FOUNDATION, INC.**

OMB No 1545-0047

2009Open to Public
Inspection
 Name
Employer identification number
23-7066297
Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased	(h) On behalf of issuer
A DDA OF THE CITY OF DAHLONEGA	31-1736631	23378RAT3	02/01/07	29,330,000	PARKING DECK & REC C	X	X
B DDA OF THE CITY OF DAHLONEGA	31-1736631	23378RAT3	02/01/07	940,000	OFFICE BLDG	X	X
C DDA OF THE CITY OF DAHLONEGA	31-1736631	23378RAT3	02/01/07	16,215,000	STUDENT HOUSING	X	X
D							
E							

Part II Proceeds

	A	B	C	D	E
1 Total proceeds of issue	29,095,000	790,000	15,240,000		
2 Gross proceeds in reserve funds					
3 Proceeds in refunding or defeasance escrows					
4 Other unspent proceeds					
5 Issuance costs from proceeds					
6 Working capital expenditures from proceeds					
7 Capital expenditures from proceeds					
8 Year of substantial completion					
9 Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes
10 Were the bonds issued as part of an advance refunding issue?	X		X		X
11 Has the final allocation of proceeds been made?	X		X		X
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X

Part III Private Business Use

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No
2 Are there any lease arrangements with respect to the financed property which may result in private business use?	X		X		X	

Schedule K (Form 990) 2009 NORTH GEORGIA COLLEGE AND STATE 23-7066297

Page 2

Part III Private Business Use (Continued)

	A	B	C	D	E
	No	Yes	No	Yes	No
3a Are there any management or service contracts with Yes					
respect to the financed property which may result in private business use?	<input checked="" type="checkbox"/>				
b Are there any research agreements with respect to the financed property which may result in private business use?	<input checked="" type="checkbox"/>				
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	<input checked="" type="checkbox"/>				
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization, or a state or local government	<input checked="" type="checkbox"/>				
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	<input checked="" type="checkbox"/>				
6 Total of lines 4 and 5					
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	<input checked="" type="checkbox"/>				

Part IV Arbitrage

	A	B	C	D	E
	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reductions and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	<input checked="" type="checkbox"/>				
2 Is the bond issue a variable rate issue?	<input checked="" type="checkbox"/>				
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	<input checked="" type="checkbox"/>				
b Name of provider					
c Term of hedge					
d Were gross proceeds invested in a GIC?	<input checked="" type="checkbox"/>				
e Name of provider					
f Term of GIC					
4a Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?					
5 Were any gross proceeds invested beyond an available temporary period?	<input checked="" type="checkbox"/>				
6 Did the bond issue qualify for an exception to rebate?	<input checked="" type="checkbox"/>				

SCHEDULE M
(Form 990)Department of the Treasury
Internal Revenue Service**Noncash Contributions**

OMB No 1545-0047

2009**Open To Public
Inspection**Name of the organization **NORTH GEORGIA COLLEGE AND STATE
UNIVERSITY FOUNDATION, INC.**Employer identification number
23-7066297**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ♦)			
26 Other ♦)			
27 Other ♦)			
28 Other ♦)			
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement		29		

30a 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 used for exempt purposes for the entire holding period?

b 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 contributions?

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

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31		X
32a	X	

Schedule M (Form 990) 2009 **NORTH GEORGIA COLLEGE AND STATE** **23-7066297** Page 2**Part II** **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****THE ORGANIZATION USES A BROKER TO SELL DONATED SECURITIES WITHIN 3 DAYS OF THE DATE OF THE DONATION.**

SCHEDULE O
(Form 990) *Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization	NORTH GEORGIA COLLEGE AND STATE UNIVERSITY FOUNDATION, INC.	Employer identification number 23-7066297
--------------------------	--	---

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS

**EXPENDITURES SUPPORTING NORTH GEORGIA COLLEGE AND STATE UNIVERSITY'S
COMMITMENT TO SERVICE AND RESEARCH IN THE COMMUNITY.**

**FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
FORM 990 IS PREPARED IN DRAFT BY THE CPA FIRM. THE DRAFT IS DISTRIBUTED
AND REVIEWED BY THE FINANCE/AUDIT COMMITTEE AND THEN PRESENTED TO THE
ENTIRE BOARD OF TRUSTEES PRIOR TO SUBMISSION TO THE IRS.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
AT THE ANNUAL BOARD MEETING, EACH MEMBER MAKES AN WRITTEN DISCLOSURE OF
POTENTIAL CONFLICTS OF INTEREST. THE EXECUTIVE COMMITTEE EVALUATES EACH
CONFLICT OF INTEREST STATEMENTS.**

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

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

- Attach to Form 990.
- See separate instructions.

Employer Identification
23-7066297

Part I

**NORTH GEORGIA COLLEGE AND STATE
UNIVERSITY FOUNDATION, INC.**

OMB No 1545-004
• 2000

OMB No 1545-0047

Open to Public

Employer identification number
23-7066297

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NORTH GEORGIA STUDENT HOUSING, LLC P. O. BOX 1599 DAHLONEGA	74-3013235 GA 30533	HOUSING	GA	166,831	17,975,518 N/A
N. GA PARKING & RECREATION CTR, LLC P. O. BOX 1599 DAHLONEGA	20-8485320 GA 30533	FACILITIES	GA	-1,009,195	33,101,527 N/A

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

N GA COLLEGE & STATE UNIVERSITY P. O. BOX 1599 DAHLONEGA	GA 30533	58-6002060	COLLEGE	GA	501(C)	3	N/A
N GA COLLEGE & ST UNIV FOUNDATION P. O. BOX 1599 DAHLONEGA	GA 30533	23-7066297	SUPPORT	GA	501(C)	11C	N/A

Schedule B (Form 990) 2009 NORTH GEORGIA COLLEGE AND STATE

Part III Identification of Related Organizations Taxable as a Partnership

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34)

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV)

Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
Line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)							

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
AWARDS AND RECOGNITION	\$ 52,567	\$ 45,957	\$ 100	\$ 6,510
SUBSCRIPTIONS & PUBLICATI	48,468	27,438	1,273	19,757
PRINTING	47,023	8,093		21,838
EQUIPMENT EXPENSE	35,497	35,497		
VEHICLE EXPENSES	19,033	19,033		
REGISTRATION FEES	17,212	17,212		
FOUNDATION RELATIONS	10,244	10,244		
USG GALA EXPENSES	10,000	10,000		
TAXES AND LICENSES	9,317	1,816		
RELOCATION EXPENSES	5,000	5,000		
PHOTOGRAPHY	2,644	2,644		
HONORARIUM	1,516	1,516		
TELECOMMUNICATIONS	359			
TOTAL	\$ 258,880			\$ 184,450
				\$ 26,201
				\$ 124
				\$ 48,229