

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07/01, 2017, and ending 06/30, 2018

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

C Name of organization: GOODWILL OF NORTH GEORGIA, INC.
 Doing business as:
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: 2201 LAWRENCEVILLE HIGHWAY, STE 300
 City or town, state or province, country, and ZIP or foreign postal code: DECATUR, GA 30033

D Employer identification number: 20-8351046

E Telephone number: (404) 420-9900

F Name and address of principal officer: KEITH T. PARKER
 2201 LAWRENCEVILLE HIGHWAY, SUITE 300 DECATUR, GA 30

G Gross receipts \$: 537,070,231.

H(a) Is this a group return for subsidiaries? Yes No
H(b) Are all subsidiaries included? Yes No
 If "No," attach a list. (see instructions)

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

J Website: WWW.GOODWILLNG.ORG

K Form of organization: Corporation Trust Association Other

L Year of formation: 2007 **M** State of legal domicile: GA

H(c) Group exemption number:

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE ORGANIZATION EXISTS TO PROVIDE EMPLOYMENT, REHABILITATIVE SERVICES, JOB TRAINING, AND JOB PLACEMENT SERVICES FOR PERSONS WITH DISABILITIES OR DISADVANTAGING CONDITIONS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17.
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	5,461.
	6	Total number of volunteers (estimate if necessary)	6	62.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-14,629.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	-18,280.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	135,679,833.	138,882,446.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	703,192.	761,257.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,768,476.	6,085,706.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	148,151,501.	145,729,409.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,272.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	77,969,635.	82,541,961.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
16b		Total fundraising expenses (Part IX, column (D), line 25)	1,325,282.	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	56,742,046.	58,306,752.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	134,737,953.	140,908,035.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	13,413,548.	4,821,374.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	197,017,049.	201,430,440.
	22	Net assets or fund balances. Subtract line 21 from line 20	79,141,213.	75,471,403.
			117,875,836.	125,959,037.

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: *Paul Jordan*
 Date: 5-14-19
 Type or print name and title: PAUL JORDAN CFO

Paid Preparer Use Only
 Print/Type preparer's name: MICHELE N MELCHIOR
 Preparer's signature: *Melchior, Michela*
 Date: 5/14/2019
 Check if self-employed
 PTIN: P00488037
 Firm's name: GRANT THORNTON LLP
 Firm's EIN: 36-6055558
 Firm's address: 1100 PEACHTREE STREET, SUITE 1200 ATLANTA, GA 30309
 Phone no.: 404-330-2000

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE ORGANIZATION EXISTS TO PROVIDE EMPLOYMENT, REHABILITATIVE SERVICES, JOB TRAINING, AND JOB PLACEMENT SERVICES FOR PERSONS WITH DISABILITIES OR DISADVANTAGING CONDITIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 109,392,550. including grants of \$ 59,322.) (Revenue \$)

STORE SALES - GOODWILL OF NORTH GEORGIA'S MISSION IS TO PUT PEOPLE TO WORK. WE ACHIEVE THIS BY PROVIDING A VAST ARRAY OF JOB TRAINING AND EMPLOYMENT SERVICES TO THOUSANDS OF INDIVIDUALS EACH YEAR. IN FISCAL YEAR 2018, WE SERVED 3,060,871 DONORS AT 58 COLLECTION SITES AND SERVED 7,547,812 CUSTOMERS AT 60 GOODWILL STORES. THE PROCEEDS FROM OUR DONATED GOODS PROGRAM HELP FUND OUR MISSION-RELATED PROGRAMS, SERVICES, THIRTEEN CAREER CENTERS ACROSS NORTH GEORGIA, AND CAREERCONNECTOR.ORG. OUR STORES ALSO SERVE AS REAL-WORLD ON-THE-JOB TRAINING SITES FOR SOME OF OUR PROGRAM PARTICIPANTS.

4b (Code:) (Expenses \$ 15,530,800. including grants of \$) (Revenue \$ 139,212.)

ATTACHMENT 1

4c (Code:) (Expenses \$ 344,196. including grants of \$) (Revenue \$)

SALVAGE - NOT ALL GOODS DONATED TO OUR MISSION ARE OF THE QUALITY THAT CAN BE SOLD IN OUR THRIFT OPERATIONS. ADDITIONALLY, NOT ALL DONATED GOODS THAT ARE PLACED IN OUR THRIFT STORES FOR SALE ARE PURCHASED. IN ORDER TO CAPTURE AS MUCH REVENUE AS WE CAN FROM IN KIND DONATIONS USED TO FUND OUR MISSION, A SECONDARY SALVAGE MARKET IS UTILIZED. THE PROCEEDS REALIZED FROM THESE UNSALABLE GOODS ARE ANOTHER REVENUE SOURCE TO FUND MISSION ACTIVITIES PERFORMED BY THE AGENCY.

4d Other program services (Describe in Schedule O.) ATTACHMENT 2
(Expenses \$ 1,715,145. including grants of \$) (Revenue \$ 622,045.)

4e Total program service expenses 126,982,691.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 20a through 38 regarding hospital facilities, financial statements, grants, compensation, tax-exempt bonds, and organizational structure.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form table with columns for question number, description, sub-part, and Yes/No columns. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, management, and disclosure For each "Yes" response to lines 2 through 1b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

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

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

	Yes	No
10a		X
10b		
11a	X	
11b		
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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►

PAUL JORDAN 2201 LAWRENCEVILLE HIGHWAY, SUITE 300 DECATUR, GA 30033 404-420-9914

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

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)PARKER, KEITH-DIR (THRU 10/17) PRESIDENT & CEO (FROM 11/2017)	38.00 2.00	X	X					78,436.	0.	7,013.
(2)O'CONNELL, TIMOTHY TREASURER	1.75 .25	X	X					0.	0.	0.
(3)HARRELL, B. AUBREY DIRECTOR	.75 .25	X						0.	0.	0.
(4)CARRERAS, EDUARDO CHAIR EMERITUS	1.75 .25	X	X					0.	0.	0.
(5)AZAR, MARC CHAIR	1.75 .25	X	X					0.	0.	0.
(6)BYRD, JR., RICHARD DIRECTOR	.75 .25	X						0.	0.	0.
(7)ELLIS, JOHANNA DIRECTOR	.75 .25	X						0.	0.	0.
(8)HALPERN, KIRK DIRECTOR	.75 .25	X						0.	0.	0.
(9)KESSINGER, GEORGE DIRECTOR	.75 .25	X						0.	0.	0.
(10)TATUM, ANTHONY P. SECRETARY	1.75 .25	X	X					0.	0.	0.
(11)KING, DANIEL DIRECTOR	.75 .25	X						0.	0.	0.
(12)BOWEN, JANINE ANTHONY VICE CHAIR	1.75 .25	X	X					0.	0.	0.
(13)FADER, LEWIS N. DIRECTOR	.75 .25	X						0.	0.	0.
(14)MERIWETHER, CHARLES DIRECTOR	.75 .25	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JENKINS, GLYNN ----- DIRECTOR	.75 ----- .25							0.	0.	0.
(16) HOFFMAN, MARK ----- DIRECTOR	.75 ----- .25	X						0.	0.	0.
(17) TKAC, PAULA ----- DIRECTOR	.75 ----- .25	X						0.	0.	0.
(18) PHINNEY, ALLEN ----- DIRECTOR	.75 ----- .25	X						0.	0.	0.
(19) BISHOP, RAYMOND W ----- PRESIDENT (THRU 10/2017)	38.00 ----- 2.00			X				1,758,688.	0.	29,260.
(20) JORDAN, PAUL A ----- VP-FINANCE & IT	39.50 ----- .50			X				366,703.	0.	26,610.
(21) SWEARINGEN, PAULA ----- VP-DONOR SERVICES (THRU 5/18)	40.00 ----- 0.				X			724,857.	0.	20,910.
(22) CORNETT, CHERYL ----- VP-CAREER SERVICES (THRU 5/17)	39.00 ----- 1.00				X			219,253.	0.	12,123.
(23) STAUP, ANGELA L. ----- VP - HUMAN RESOURCES	39.00 ----- 1.00				X			193,456.	0.	10,898.
(24) ARMSTRONG, ELAINE ----- VP - MARKETING	39.50 ----- .50				X			269,595.	0.	26,717.
(25) PARRY, SCOTT A. ----- VP - FACILITY SERVICES	1.00 ----- 39.00				X			0.	286,792.	24,263.
1b Sub-total								78,436.	0.	7,013.
c Total from continuation sheets to Part VII, Section A								4,802,679.	286,792.	284,746.
d Total (add lines 1b and 1c)								4,881,115.	286,792.	291,759.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 26

	Yes	No
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		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

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 ▶ 61

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) KENNEDY, KEITH SR. DIRECTOR RETAIL OPERATIONS	1.00 1.00				X			172,732.	0.	1,233.
(27) EAST JR., BRIAN SR. DIRECTOR RETAIL OPERATIONS	39.00 1.00				X			178,739.	0.	25,456.
(28) VYAS, KUNAL SR. DIRECTOR- IT OPERATIONS	40.00 0.				X			152,357.	0.	20,441.
(29) TAYLOR, JENNY - SR. DIR, CAREE (THRU 1/18); VP, CAREER SVCS	39.00 1.00				X			168,923.	0.	21,292.
(30) PRYOR, MICHAEL SR. DIR. - RETAIL DEVELOPMENT	40.00 0.					X		135,838.	0.	11,147.
(31) KUHLMANN, MYNDI, SR. DIR. CAREER SVCS (AS OF 4/17)	40.00 0.					X		124,594.	0.	9,894.
(32) MAY, ELOISE, SR. DIR. LEASING/WC (AS OF 4/17)	40.00 0.					X		116,983.	0.	21,733.
(33) HAMMOCK, MEDDA SR. DIR. - ACCOUNTING	40.00 0.					X		115,565.	0.	9,939.
(34) MCLEAN, JOANN DIRECTOR, ECONOMIC DEVELOPMENT	40.00 0.					X		104,396.	0.	12,830.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **26**

	Yes	No
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	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	290,047.				
	b	Membership dues					
	c	Fundraising events					
	d	Related organizations					
	e	Government grants (contributions) . .	3,044,151.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	135,548,248.				
	g	Noncash contributions included in lines 1a-1f: \$	133,802,601.				
	h	Total. Add lines 1a-1f ▶	138,882,446.				
Program Service Revenue			Business Code				
	2a	REVENUE - FACILITY CONTRACTS	622,045.	622,045.			
	b	REVENUE - VOCATIONAL SERVICES	139,212.	139,212.			
	c						
	d						
	e						
	g	Total. Add lines 2a-2f ▶	761,257.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶	2,944,528.		-17,882.	2,962,410.	
	4	Income from investment of tax-exempt bond proceeds . ▶	0.				
	5	Royalties ▶	0.				
	6a	(i) Real (ii) Personal					
		Gross rents					
		Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶	0.				
	7a	(i) Securities (ii) Other					
		Gross amount from sales of assets other than inventory	394,454,000.	28,000.			
		Less: cost or other basis and sales expenses	391,324,925.	15,897.			
		Gain or (loss)	3,129,075.	12,103.			
	d	Net gain or (loss) ▶	3,141,178.		3,253.	3,137,925.	
	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 ▶	0.				
	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 ▶	0.					
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 ▶	0.					
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶	0.					
12	Total revenue. See instructions. ▶	145,729,409.	761,257.	-14,629.	6,100,335.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	59,322.	59,322.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	4,654,714.	1,580,744.	2,735,190.	338,780.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	62,785,161.	58,994,625.	3,373,529.	417,007.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	970,297.	686,481.	254,414.	29,402.
9 Other employee benefits	9,319,719.	9,017,564.	269,477.	32,678.
10 Payroll taxes	4,812,070.	4,379,731.	389,310.	43,029.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	156,210.	79,976.	74,806.	1,428.
c Accounting	203,128.	6,667.	196,461.	
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	297,899.		297,899.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,229,398.	2,504,619.	528,048.	196,731.
12 Advertising and promotion	1,887,769.	1,705,000.	88,781.	93,988.
13 Office expenses	9,354,405.	8,659,364.	665,469.	29,572.
14 Information technology	2,307,810.	852,108.	1,444,800.	10,902.
15 Royalties	0.			
16 Occupancy	29,841,524.	29,452,217.	389,307.	
17 Travel	2,490,349.	2,343,839.	106,198.	40,312.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	663,234.	432,788.	172,920.	57,526.
20 Interest	1,602,061.		1,602,061.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	5,895,806.	5,404,644.	490,201.	961.
23 Insurance	665,942.	538,842.	127,100.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	671,217.	284,160.	354,091.	32,966.
b AFFILIATE REIMBURSEMENT	-960,000.		-960,000.	
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	140,908,035.	126,982,691.	12,600,062.	1,325,282.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	1,296,917.	1	3,530,582.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	298,435.	3	196,783.
	4	Accounts receivable, net	2,807,138.	4	2,650,553.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7	Notes and loans receivable, net	0.	7	0.
	8	Inventories for sale or use	1,310,400.	8	1,272,913.
	9	Prepaid expenses and deferred charges	3,033,710.	9	2,966,396.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 123,275,534.		
	b	Less: accumulated depreciation.	10b 43,960,853.	10c	79,314,681.
	11	Investments - publicly traded securities	100,593,998.	11	103,329,000.
	12	Investments - other securities. See Part IV, line 11	4,483,517.	12	6,927,000.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	1,203,218.	15	1,242,532.
16	Total assets. Add lines 1 through 15 (must equal line 34)	197,017,049.	16	201,430,440.	
Liabilities	17	Accounts payable and accrued expenses	15,533,649.	17	18,625,835.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	277,760.	19	415,929.
	20	Tax-exempt bond liabilities	30,294,248.	20	28,155,375.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	24,374,255.	24	21,994,933.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	8,661,301.	25	6,279,331.
	26	Total liabilities. Add lines 17 through 25	79,141,213.	26	75,471,403.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	117,218,045.	27	125,301,246.
	28	Temporarily restricted net assets	0.	28	0.
	29	Permanently restricted net assets	657,791.	29	657,791.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	117,875,836.	33	125,959,037.
	34	Total liabilities and net assets/fund balances	197,017,049.	34	201,430,440.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	145,729,409.
2	Total expenses (must equal Part IX, column (A), line 25)	2	140,908,035.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,821,374.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	117,875,836.
5	Net unrealized gains (losses) on investments	5	2,253,529.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1,008,298.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	125,959,037.

Part XII Financial Statements and Reporting

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

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?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

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.

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		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2017)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

2017

Open to Public Inspection

Name of the organization

GOODWILL OF NORTH GEORGIA, INC.

Employer identification number

20-8351046

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	114,849,430.	131,673,266.	134,486,816.	135,679,833.	138,882,446.	655,571,791.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	114,849,430.	131,673,266.	134,486,816.	135,679,833.	138,882,446.	655,571,791.
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).						0.
6 Public support. Subtract line 5 from line 4						655,571,791.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4.	114,849,430.	131,673,266.	134,486,816.	135,679,833.	138,882,446.	655,571,791.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,156,813.	2,825,937.	2,756,142.	2,646,541.	2,944,528.	13,329,961.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10						668,901,752.
12 Gross receipts from related activities, etc. (see instructions)					12	5,897,593.
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 type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)).	14	98.01 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	98.16 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 VI.)						
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. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

GOODWILL OF NORTH GEORGIA, INC.

Employer identification number

20-8351046

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Includes questions 1a-2 regarding collections of art and historical treasures.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	657,791.	657,791.	657,791.	657,791.	657,791.
b Contributions					
c Net investment earnings, gains, and losses	48,000.	63,000.	23,000.	25,000.	40,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	48,000.	63,000.	23,000.	25,000.	40,000.
f Administrative expenses					
g End of year balance	657,791.	657,791.	657,791.	657,791.	657,791.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ 100.0000 %
 - c Temporarily restricted endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		18,108,710.		18,108,710.
b Buildings		48,147,953.	7,406,993.	40,740,960.
c Leasehold improvements		28,774,685.	19,391,235.	9,383,450.
d Equipment		19,181,925.	12,027,615.	7,154,310.
e Other		9,062,261.	5,135,010.	3,927,251.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				79,314,681.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) _____	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) WORKER'S COMPENSATION LIABILITY	2,800,865.
(3) DEFERRED COMPENSATION	1,738,822.
(4) ACCRUED LOSS ON SWAPS	1,151,134.
(5) DUE TO GOODWILL INDUSTRIES OF N. GA	588,510.
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,279,331.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental information (continued)

INTENDED USES OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE ORGANIZATION INVESTS THE DONOR-RESTRICTED ENDOWMENT FUND IN SHORT-TERM FIXED INCOME INVESTMENTS AND APPROPRIATES THE INVESTMENT EARNINGS FOR EXPENDITURE WHEN THE INCOME IS EARNED.

LIABILITY FOR UNCERTAIN TAX POSITION (ASC 740)

SCHEDULE D, PART X, LINE 2

TAX EXEMPT STATUS

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

FASB ACCOUNTING STANDARDS CODIFICATION ("ASC") 740, INCOME TAXES, ESTABLISHES THE CRITERION THAT AN INDIVIDUAL TAX POSITION HAS TO MEET FOR SOME OR ALL OF THE BENEFITS OF THAT POSITION TO BE RECOGNIZED IN THE ORGANIZATION'S COMBINED FINANCIAL STATEMENTS.

UNDER ASC 740, THE ORGANIZATION IS REQUIRED TO DETERMINE THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN ITS TAX POSITION FOLLOWING AN IRS AUDIT. THE ORGANIZATION HAS ADOPTED THE PROVISIONS OF ASC 740 AND HAS APPLIED THIS CRITERION TO ALL TAX POSITIONS FOR WHICH THE STATUTE OF LIMITATIONS REMAINS OPEN. TAX YEARS OPEN TO EXAMINATION BY TAX AUTHORITIES UNDER THE STATUTE OF LIMITATIONS INCLUDE FISCAL 2015 THROUGH 2018. THE ORGANIZATION HAS DETERMINED THAT ITS TAX POSITIONS SATISFY THE MORE LIKELY THAN NOT CRITERION AND THAT NO PROVISION FOR INCOME TAXES IS REQUIRED AS OF JUNE 30, 2018 FOR UNCERTAIN TAX POSITIONS.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
GOODWILL OF NORTH GEORGIA, INC.

Employer identification number
20-8351046

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		5,676,352.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					5,676,352.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					5,676,352.

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(1)	(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								
(17)								
(18)								

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE J
(Form 990)**

Compensation Information

OMB NO. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

GOODWILL OF NORTH GEORGIA, INC.

Employer identification number

20-8351046

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2017

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.
 Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 BISHOP, RAYMOND W PRESIDENT (THRU 10/2017)	(i) 458,141. (ii) 0. (iii) 0.	237,000. 0. 0.	1,063,547. 0. 0.	16,200. 0. 0.	13,060. 0. 0.	1,787,948. 0. 0.	1,031,835.
2 JORDAN, PAUL A VP-FINANCE & IT	(i) 296,564. (ii) 0. (iii) 0.	59,441. 0. 0.	10,698. 0. 0.	11,111. 0. 0.	15,499. 0. 0.	393,313. 0. 0.	0.
3 SWEARINGEN, PAULA VP-DONOR SERVICES (THRU 5/18)	(i) 378,223. (ii) 0. (iii) 0.	110,239. 0. 0.	236,395. 0. 0.	17,947. 0. 0.	2,963. 0. 0.	745,767. 0. 0.	230,629.
4 CORNETT, CHERYL VP-CAREER SERVICES (THRU 5/17)	(i) 169,413. (ii) 0. (iii) 0.	41,300. 0. 0.	8,540. 0. 0.	8,305. 0. 0.	3,818. 0. 0.	231,376. 0. 0.	0.
5 STAJUP, ANGELA L. VP - HUMAN RESOURCES	(i) 190,769. (ii) 0. (iii) 0.	0. 0. 0.	2,687. 0. 0.	10,851. 0. 0.	47. 0. 0.	204,354. 0. 0.	0.
6 ARNSTROMG, ELAINE VP - MARKETING	(i) 221,537. (ii) 0. (iii) 0.	44,640. 0. 0.	3,418. 0. 0.	11,218. 0. 0.	15,499. 0. 0.	296,312. 0. 0.	0.
7 PARRY, SCOTT A. VP - FACILITY SERVICES	(i) 232,752. (ii) 0. (iii) 0.	46,640. 0. 0.	7,400. 0. 0.	948. 0. 0.	23,315. 0. 0.	311,055. 0. 0.	0.
8 KENNEDY, KEITH SR. DIRECTOR RETAIL OPERATIONS	(i) 166,697. (ii) 0. (iii) 0.	6,000. 0. 0.	35. 0. 0.	0. 0. 0.	1,233. 0. 0.	173,965. 0. 0.	0.
9 EAST JR., BRIAN SR. DIRECTOR RETAIL OPERATIONS	(i) 167,792. (ii) 0. (iii) 0.	6,000. 0. 0.	4,947. 0. 0.	10,304. 0. 0.	15,152. 0. 0.	204,195. 0. 0.	0.
10 VYAS, KUNAL SR. DIRECTOR- IT OPERATIONS	(i) 137,804. (ii) 0. (iii) 0.	12,500. 0. 0.	2,053. 0. 0.	5,981. 0. 0.	14,460. 0. 0.	172,798. 0. 0.	0.
11 TAYLOR, JENNY - SR. DIR (THRU 1/18); VP, CAREER SVCS	(i) 156,375. (ii) 0. (iii) 0.	9,896. 0. 0.	2,652. 0. 0.	6,591. 0. 0.	14,701. 0. 0.	190,215. 0. 0.	0.
12	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0.
13	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0.
14	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0.
15	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0.
16	(i) 0. (ii) 0. (iii) 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0. 0. 0.	0.

Part III Supplemental Information

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

ACCRUED DEFERRED COMPENSATION

SCHEDULE J, PART I, LINE 4B

THE 457(F) PLAN BEGINS TO PAYOUT FOLLOWING A VESTING PERIOD THAT VARIES BY OFFICER YEARS OF SERVICE AND AGE. THE LAST VESTED PAYOUT WILL BE IN 2018. THE FOLLOWING PEOPLE PARTICIPATED IN THE PLAN: RAYMOND W. BISHOP, PAUL A. JORDAN, PAULA SWEARINGEN, KEITH PARKER, SCOTT PARRY, ELAINE ARMSTRONG, ANGELA STAUP AND TAYLOR JENNY.

THE 2017 PAYOUTS ARE AS FOLLOWS:

BISHOP, RAYMOND W.	\$ 1,031,835
PAULA SWEARINGEN	\$ 230,629

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS

EACH YEAR, THE COMPENSATION COMMITTEE OF THE BOARD, WITH THE ASSISTANCE OF AN INDEPENDENT COMPENSATION CONSULTANT EVALUATES THE COMPENSATION OF THE PRESIDENT AND OTHER OFFICERS BY REVIEWING OUTSIDE MARKET DATA OF OTHER ORGANIZATIONS OF SIMILAR SIZES AND REVENUE. THE COMMITTEE LOOKS AT NATIONAL DATA PLUS LOCAL NONPROFIT DATA.

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JDWILL OF NORTH GEORGIA, INC.

20-8351046

Schedule J (Form 990) 2017

Page 3

Part III Supplemental Information

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

SEVERAL YEARS AGO A DEFERRED COMPENSATION PLAN WAS INITIATED WITH CONTRIBUTIONS BASED ON LENGTH OF EMPLOYMENT. THIS WAS INTENDED TO REFLECT THE YEARS THERE WAS NOT AN APPROPRIATE RETIREMENT VEHICLE AVAILABLE. THOSE WITH FEWER YEARS OF SERVICE HAVE LOWER LEVELS OF CONTRIBUTION.

**SCHEDULE K
Form 990**

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

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

DEVELOPMENT AUTHORITY OF CHEROKEE COUNTY

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
WOODWILL OF NORTH GEORGIA, INC.

Employer identification number
20-8351046

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Debated		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	DEVELOPMENT AUTHORITY OF CHEROKEE COUNTY	58-1374840	164218CR8	08/26/2008	4,800,000.	CONSTRUCTION - CHEROKEE		X			X	
B	DEVELOPMENT AUTHORITY OF GWINNETT COUNTY	58-1293808	403720CU7	02/05/2009	5,000,000.	CONSTRUCTION - GWINNETT		X			X	
C	WEST GEORGIA JOINT DEVELOPMENT AUTHORITY	77-0633349	000000000	12/12/2009	3,800,000.	CONSTRUCTION - FAULDING		X			X	
D	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	000000000	01/26/2010	7,000,000.	CONSTRUCTION - FULTON		X			X	

Part II Proceeds

	A				B				C				D			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	Amount of bonds retired															
2	Amount of bonds legally defeased	720,000.			500,000.			509,000.					891,000.			
3	Total proceeds of issue															
4	Gross proceeds in reserve funds	4,800,000.			5,000,000.			3,800,000.					7,000,000.			
5	Capitalized interest from proceeds				251,141.			34,445.					111,023.			
6	Proceeds in refunding escrows															
7	Issuance costs from proceeds				96,000.			76,000.					74,964.			
8	Credit enhancement from proceeds															
9	Working capital expenditures from proceeds															
10	Capital expenditures from proceeds				4,704,000.			4,618,381.					3,689,555.			
11	Other spent proceeds							30,478.								
12	Other unspent proceeds															
13	Year of substantial completion				2008			2010					2009			2010
14	Were the bonds issued as part of a current refunding issue?	Yes	No		Yes	No		Yes	No		Yes	No	Yes	No		No
15	Were the bonds issued as part of an advance refunding issue?		X			X			X			X		X		X
16	Has the final allocation of proceeds been made?	X			X			X			X		X			X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X			X			X			X		X			X

Part III Private Business Use

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

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

**SCHEDULE K
Form 990**

Department of the Treasury
Internal Revenue Service

NAME OF THE ORGANIZATION
GOODWILL OF NORTH GEORGIA, INC.

Supplemental Information on Tax-Exempt Bonds
 Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

DEVELOPMENT AUTHORITY OF FLOYD COUNTY

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number
20-8351046

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deleted		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	DEVELOPMENT AUTHORITY OF FLOYD COUNTY	23-7182908	000000000	06/08/2011	3,300,000.	CONSTRUCTION - FLOYD		X		X		X
B	DEVELOPMENT AUTHORITY OF FORSYTH COUNTY	58-2390514	000000000	06/08/2011	4,900,000.	CONSTRUCTION - FORSYTH		X		X		X
C	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	000000000	11/15/2012	6,000,000.	CONSTRUCTION - FULTON		X		X		X
D												

Part II Proceeds

	A			B			C			D		
	1	2	3	4	5	6	7	8	9	10	11	12
1	Amount of bonds retired	658,000.		977,000.		126,000.						
2	Amount of bonds legally defeased											
3	Total proceeds of issue	3,300,000.		4,900,000.		6,000,000.						
4	Gross proceeds in reserve funds											
5	Capitalized interest from proceeds	39,330.		98,563.		391,558.						
6	Proceeds in refunding escrows											
7	Issuance costs from proceeds	66,000.		79,239.		108,678.						
8	Credit enhancement from proceeds											
9	Working capital expenditures from proceeds			120,862.								
10	Capital expenditures from proceeds			4,601,337.		5,499,764.						
11	Other spent proceeds	3,194,670.										
12	Other unspent proceeds											
13	Year of substantial completion	2011		2012		2012						
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	No
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X			
16	Has the final allocation of proceeds been made?		X		X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X		

Part III Private Business Use

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

Part III Private Business Use (Continued)

DEVELOPMENT AUTHORITY OF CHEROKEE COUNTY

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		X
c Are there any research agreements that may result in private business use of bond-financed property?				X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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					%	%	%	%
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					%	%	%	%
6 Total of lines 4 and 5					%	%	%	%
7 Does the bond issue meet the private security or payment test?	X		X		X		X	
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of					%	%	%	%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?					%	%	%	%
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X		X		X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?	X		X		X		X	
b Name of provider	SUNTRUST		BB&T		BB&T		SUNTRUST	
c Term of hedge	19.000		19.000		19.300		19.500	
d Was the hedge superintegrated?		X		X		X		X
e Was the hedge terminated?		X		X		X		X

Part III Private Business Use (Continued)

DEVELOPMENT AUTHORITY OF FLOYD COUNTY

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?								
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?		X		X		X		X
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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								
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								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?	X		X		X		X	
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X		X
c No rebate due?		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X		X		X	
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		X		X		X		X
6 Were any gross proceeds invested beyond an available temporary period?						X		X
7 Has the organization established written procedures to monitor the requirements of section 1487?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions	X		X		X		X	

Part IV Arbitrage (Continued)

5a Were gross proceeds invested in a guaranteed investment contract (GIC)?

A		B		C		D	
Yes	No	Yes	No	Yes	No	Yes	No
	X		X		X		

b Name of provider

A		B		C		D	
Yes	No	Yes	No	Yes	No	Yes	No

c Term of GIC

A		B		C		D	
Yes	No	Yes	No	Yes	No	Yes	No

d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?

A		B		C		D	
Yes	No	Yes	No	Yes	No	Yes	No
	X		X		X		

6 Were any gross proceeds invested beyond an available temporary period?

A		B		C		D	
Yes	No	Yes	No	Yes	No	Yes	No

7 Has the organization established written procedures to monitor the requirements of section 148?

A		B		C		D	
Yes	No	Yes	No	Yes	No	Yes	No
X		X		X			

Part V Procedures To Undertake Corrective Action

Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?

A		B		C		D	
Yes	No	Yes	No	Yes	No	Yes	No
X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

A		B		C		D	
Yes	No	Yes	No	Yes	No	Yes	No

GOODWILL OF NORTH GEORGIA, INC.

20-8351046

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions) (Continued)

BOND ISSUES

CERTAIN BOND ISSUES DO NOT HAVE A CUSIP NUMBER BECAUSE THEY ARE

BANK-FINANCED BONDS. A CUSIP NUMBER OF 000000000 HAS BEEN PLACED IN

COLUMN (C) TO FULFILL E-FILING REQUIREMENTS AND SHOULD BE DISREGARDED FOR

ANY OTHER PURPOSE.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

GOODWILL OF NORTH GEORGIA, INC.

Employer identification number

20-8351046

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		7,915,483.	RESALE VALUE
5 Clothing and household goods	X		93,051,546.	RESALE VALUE
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 ▶ (MISC ITEMS)	X		32,835,572.	SEE PART II
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

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

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

Schedule M (Form 990) (2017)

JSA

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

MISC ITEMS

SCHEDULE M, PART 1, LINE 25 THE ORGANIZATION RECIEVES NUMEROUS OTHER
ITEMS. DUE TO THE VOLUME RECEIVED, WE ARE UNABLE TO COUNT THE EXACT
NUMBER OF DONATIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental information to Form 990 or 990-EZ

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

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

2017

**Open to Public
Inspection**

Name of the organization

GOODWILL OF NORTH GEORGIA, INC.

Employer identification number

20-8351046

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

THE ORGANIZATION PREPARES ITS FORM 990 WITH THE ASSISTANCE OF ITS PUBLIC ACCOUNTING FIRM. THE FORM 990 IS THEN REVIEWED BY THE AUDIT COMMITTEE, THE FINANCE COMMITTEE, THE SENIOR DIRECTOR OF ACCOUNTING, BOARD CHAIRMAN, CFO AND PRESIDENT OF THE ORGANIZATION. A COPY OF THE RETURN IS MADE AVAILABLE TO THE ORGANIZATION'S BOARD PRIOR TO FILING.

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

FORM 990, PART VI, LINE 12C

ON-GOING SELF DISCLOSURE OF CONFLICTS OF INTEREST ARE MADE DURING MEETINGS. SIGNED CONFLICT OF INTEREST STATEMENTS ARE OBTAINED FOR EACH DIRECTOR. IF A CONFLICT IS IDENTIFIED, IT IS BROUGHT TO THE ATTENTION OF MANAGEMENT AND THE EXECUTIVE COMMITTEE OF THE BOARD.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15A

EACH YEAR, THE COMPENSATION COMMITTEE OF THE BOARD, WITH THE ASSISTANCE OF AN INDEPENDENT COMPENSATION CONSULTANT EVALUATES THE COMPENSATION OF THE PRESIDENT AND OTHER OFFICERS BY REVIEWING OUTSIDE MARKET DATA OF OTHER ORGANIZATIONS OF SIMILAR SIZES AND REVENUE. THE COMMITTEE LOOKS AT NATIONAL DATA PLUS LOCAL NONPROFIT DATA.

SEVERAL YEARS AGO A DEFERRED COMPENSATION PLAN WAS INITIATED WITH .

Name of the organization

GOODWILL OF NORTH GEORGIA, INC.

Employer identification number

20-8351046

CONTRIBUTIONS BASED ON LENGTH OF EMPLOYMENT. THIS WAS INTENDED TO REFLECT THE YEARS THERE WAS NOT AN APPROPRIATE RETIREMENT VEHICLE AVAILABLE. THOSE WITH FEWER YEARS OF SERVICE HAVE LOWER LEVELS OF CONTRIBUTION.

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC
FORM 990, PART VI, LINE 19 THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

COMPENSATION

FORM 990, PART VII, LINE 1A

IN 2017, GOODWILL OF NORTH GEORGIA RECEIVED \$483,543 FROM GOODWILL INDUSTRIES OF NORTH GEORGIA FOR REIMBURSEMENT FOR THE COMPENSATION OF SCOTT A PARRY AND ERNEST FINLEY.

FORM 990, PART VII

KEITH PARKER WAS A VOTING BOARD MEMBER UNTIL OCTOBER 2017. AT WHICH TIME HE BECAME PRESIDENT OF THE ORGANIZATION AND NON-VOTING.

CONTRIBUTIONS VERSUS SALE

PART VIII GOODWILL OF NORTH GA, INC. RECEIVES DONATIONS OF GOODS THAT ARE LATER SOLD TO CONSUMERS. THE SALES PRICE IS RECORDED AS THE CONTRIBUTION AMOUNT.

Name of the organization GOODWILL OF NORTH GEORGIA, INC.	Employer identification number 20-8351046
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OTHER CHANGES IN NET ASSETS

PART XI, LINE 9

GAIN ON INTEREST RATE SWAPS \$1,008,298.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

VOCATIONAL SERVICES - PROGRAMS AND SERVICES INCLUDE JOB TRAINING THROUGH REAL-WORLD EXPERIENCE, JOB COACHING AND CONTINUED SUPPORT AFTER EMPLOYMENT. WE ALSO OFFER VOCATIONAL TRAINING IN CONSTRUCTION, FORKLIFT, CUSTODIAL/FLOOR TECHNOLOGY, AND HOSPITALITY. OUR SELF-EMPLOYMENT PROGRAM HELPS ASPIRING ENTREPRENEURS LEARN ESSENTIAL BUSINESS SKILLS AND COMPLETE A BUSINESS PLAN. IN FISCAL YEAR 2018, WE SERVED 50,872 PEOPLE AND HELPED 24,902 INDIVIDUALS FIND A JOB OR START A BUSINESS. ADDITIONALLY WE OPERATE 13 CAREER CENTERS WHICH ARE OPEN TO THE GENERAL PUBLIC AND EQUIPPED WITH THE STAFF AND RESOURCES NEEDED FOR JOB SEARCH OR BUSINESS DEVELOPMENT. OUR PARTICIPANTS AND JOB-SEEKERS INCLUDE PEOPLE WHO ARE HAVING A HARD TIME FINDING WORK BECAUSE OF PHYSICAL, COGNITIVE, AND EMOTIONAL DISABILITIES; POVERTY; LACK OF WORK EXPERIENCE AND MARKETABLE SKILLS; SUBSTANCE ABUSE; EX-OFFENDER STATUS AND A VARIETY OF OTHER REASONS.

ATTACHMENT 2

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
FACILITIES MANAGEMENT		1,715,145.	622,045.

Name of the organization GOODWILL OF NORTH GEORGIA, INC.	Employer identification number 20-8351046
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ATTACHMENT 2 (CONT'D)

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
TOTALS		1,715,145.	622,045.

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
THE ULTIMATE SOFTWARE P.O. BOX 930953 ATLANTA, GA 31193-0953	HR&PAYROLL SOFTWARE	992,466.
INGLES MARKETS, INC. 7 NEW LEICESTER HWY. ASHEVILLE, NC 28806	RENT	719,110.
MR. BUILD SERVICES LLC 485 BUFORD DRIVE, SUITE 313 LAWRENCEVILLE, GA 30046	CLEANING SERVICES	581,968.
SKYLINE SEVEN REAL ESTATE, LLC 800 MT. VERNON HWY. NE STE. 425 ATLANTA, GA 30328	RENT	508,062.
MIMMS ENTERPRISES 780 OLD ROSWELL PL # 100 ROSWELL, GA 30076	RENT	487,290.

SCHEDULE R
Form 990

OMB No. 1545-0047
2017

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

GOODWILL OF NORTH GEORGIA, INC.

Employer identification number
20-8351046

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Legal domicile (state or foreign country)	(e) Total income	(f) End-of-year assets	(g) Direct controlling entity
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section (if section 501(c)(3))	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
							Yes No
(1)	GOODWILL INDUSTRIES OF NORTH GA, INC. 2201 LAWRENCEVILLE HIGHWAY, SU DECATUR, GA 30033 58-0566193	JOB PLACEMENT	GA	501(C)(3)	09	N/A	X
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(1)	(a) 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	(i) Section 512(b)(13) entity?
									Yes
(1)									Yes No
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

		Yes	No
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, or (iv) rent from a controlled entity	1a	X
b	Gift, grant, or capital contribution to related organization(s)	1b	X
c	Gift, grant, or capital contribution from related organization(s)	1c	X
d	Loans or loan guarantees to or for related organization(s)	1d	X
e	Loans or loan guarantees by related organization(s)	1e	X
f	Dividends from related organization(s)	1f	X
g	Sale of assets to related organization(s)	1g	X
h	Purchase of assets from related organization(s)	1h	X
i	Exchange of assets with related organization(s)	1i	X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o	Sharing of paid employees with related organization(s)	1o	X
p	Reimbursement paid to related organization(s) for expenses	1p	X
q	Reimbursement paid by related organization(s) for expenses	1q	X
r	Other transfer of cash or property to related organization(s)	1r	X
s	Other transfer of cash or property from related organization(s)	1s	X

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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
1	GOODWILL OF NORTH GEORGIA, INC	O	483,543.	SEE PART IX
2	GOODWILL OF NORTH GEORGIA, INC	Q	476,457.	SEE PART IX
3				
4				
5				
6				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
					Yes	No			Yes	No		Yes	No	
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														
(16)														

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

GOODWILL INDUSTRIES OF NORTH GEORGIA, INC.

SCHEDULE R, PART V, LINE 2(D)

THE ORGANIZATION HAS DETERMINED AN APPROPRIATE PERCENTAGE OF OVERHEAD COST THAT SHOULD BE REIMBURSED FROM GOODWILL INDUSTRIES OF NORTH GEORGIA, INC. ("GING") TO GOODWILL OF NORTH GEORGIA, INC. ("GNG") FOR SERVICES THAT ARE PROVIDED BY GNG TO GING.