Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning 07/01/2021 and ending 06/30/2022

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Do not send to the IRS. Keep for your records.
 Go to www.irs.gov/Form8879TE for the latest information.

EIN or SSN GOODWILL OF NORTH GEORGIA, INC. 20-8351046 Name and title of officer or person subject to tax TIMOTHY A. O'CONNELL, CFO Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 173524250. Form 990-EZ check here Form 1120-POL check here . > b Tax based on investment income (Form 990-PF, Part V, line 5). 4b Form 990-PF check here 5a Form 8868 check here > 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D)8b Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) 9b 10a Form 8038-CP check here . . > b Amount of credit payment requested (Form 8038CP, Part III, line 22) .10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that | X | I am an officer of the above entity or | I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X I authorize 4 2 7 6 1 as my signature SMITH & HOWARD ADVISORY, to enter my PIN **ERO firm name** Enter five numbers, but do not enter all zeros on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax 05/15/2023 Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. |6|7|8|8|2|7|9|2 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2021)

05/15/2023

ERO's signature

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A F	or th	e 202	1 calendar year, or tax year beginning 07/01/2021 and en	nding		06/30/20)22	
D			C Name of organization		D Employer ide	entification nur	nber	
Вс	heck if ap	oplicable:	GOODWILL OF NORTH GEORGIA, INC.					
	Addre		Doing Business As		20-8351	046		
	7 1	change	Number and street (or P.O. box if mail is not delivered to street address) Room/su	iite	E Telephone no	umber		_
	Initial	l return	2201 LAWRENCEVILLE HWY STE 300		(404)42	20-9900		
	Term	inated	City or town, state or province, country, and ZIP or foreign postal code		,			_
	Amer		DECATUR, GA 30033		G Gross receipt	ts \$ 221	,433,026	5 .
		cation	F Name and address of principal officer: KEITH T. PARKER		H(a) Is this a grou	up return for	Yes X	_
	pendi	ing	2201 LAWRENCEVILLE HWY STE 300, DECATUR, GA 30033		subordinates ^a H(b) Are all subord		1 -	No
$\overline{}$	Tax-ex	empt st		527		ــــــ h a list. (see instru		
			WWW.GOODWILLNG.ORG	02.	H(c) Group exemp	otion number	,	
				ear of format	ion: 2007 M		omicile: GZ	
	art I		mmary		2007	otato or rogar a	<u></u>	<u> </u>
	1		/ describe the organization's mission or most significant activities: SEE SCHEDU	II.F O				_
Φ	l '	Dileily						-
ů								· —
ř	2	Chaol	this box if the organization discontinued its operations or disposed of more		of its not spect			-
Governance	3		er of voting members of the governing body (Part VI, line 1a)			3		18
≪	4	Numb	er of independent voting members of the governing body (Part VI, line 1b)			4		18
ies	1 -	Total	number of individuals employed in calendar year 2021 (Part V. line 2a)			5		_
Activities &	5		number of individuals employed in calendar year 2021 (Part V, line 2a)				5,76	
Act	70	Total	number of volunteers (estimate if necessary)			6		30
-			unrelated business revenue from Part VIII, column (C), line 12			7a		_
	D	net ur	nrelated business taxable income from Form 990-T, line 34		Prior Year	7b	NOI rent Year	<u> 1</u> E
		0 4	ibutions and marks (Dort VIII line 4b)					_
ne	8	Contri	ibutions and grants (Part VIII, line 1h)	\Box	L73,032,47		,423,753	_
Revenue	9	Progra	am service revenue (Part VIII, line 2g) PUBLIC INSPECTION	оN ——	1,058,83		,016,317	
Re	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)	-	2,231,47		,286,401	
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,866,09	1	,797,779	_
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		L78,188,87		,524,250	
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)			ONE	NOI	_
	14		its paid to or for members (Part IX, column (A), line 4)			ONE	NON	_
ses	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		85,263,63		,872,331	
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)		NO	ONE	NOI	1E
Ä	bb		fundraising expenses (Part IX, column (D), line 25) ▶1,277,055.					_
	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		67,136,56		,336,050	
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		152,400,20		,208,381	
_ v	19	Rever	nue less expenses. Subtract line 18 from line 12		25,788,67		,315,869	<u>' -</u>
Net Assets or Fund Balances					ning of Current Y		d of Year	_
sser	20		assets (Part X, line 16)		342,203,32		<u>,422,109</u>	_
nd A	21		liabilities (Part X, line 26)		L82,891,84		<u>,730,664</u>	_
			ssets or fund balances. Subtract line 21 from line 20	<u> 1</u>	L59,311,48	3. 155	,691,445	<u>·</u>
	rt II		gnature Block					_
Une	der pei e. corre	nalties c ect. and	of perjury, I declare that I have examined this return, including accompanying schedules and s complete. Declaration of preparer (other than officer) is based on all information of which prepare	tatements, a er has anv kr	and to the best of nowledge.	my knowledge	and belief, it	is
	,	Ť	, , , , , , , , , , , , , , , , , , , ,		Ī			_
Sig	ın					15/2023		_
He			Signature of officer		Date			
110			TIM O'CONNELL CFO					_
			Type or print name and title					_
Paid	4	Print/	Type preparer's name Preparer's signature Date		Check	if PTIN		
	a parer	SABI	RE J LINAHAN SUU AMONA 05/	/15/202	3 self-employe	ed P0137	2980	_
	Only	Firm's	sname > SMITH & HOWARD ADVISORY, LLC		Firm's EIN	92-0749	9631	
_	Jy	Firm's	address > 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363		Phone no.	404-874	1-6244	
May	the I	RS dis	cuss this return with the preparer shown above? (see instructions)			Х У	'es N	lo
For	Pape	rwork	Reduction Act Notice, see the separate instructions.			Foi	rm 990 (202	1)

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ORGANIZATION EXISTS TO PROVIDE EMPLOYMENT, REHABILITATIVE
	SERVICES, JOB TRAINING, AND JOB PLACEMENT SERVICES FOR PERSONS WITH
	DISABILITIES OR DISADVANTAGING CONDITIONS.
	Did the ergenization undertake any significant program convices during the year which were not listed on the
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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 X 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.
	the total expenses, and revenue, if any, for each program service reported.
	(Code:) (Expenses \$ 127,551,620. including grants of \$) (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 2022, WE SERVED OVER 3.4 MILLION DONORS AT 46
	COLLECTION SITES AND SERVED OVER 7.7 MILLION CUSTOMERS AT 69
	GOODWILL STORES. THE PROCEEDS FROM OUR DONATED GOODS PROGRAM HELP
	FUND OUR MISSION-RELATED PROGRAMS, SERVICES, FOURTEEN 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 \$15,820,731. including grants of \$) (Revenue \$1,976,317. SEE SCHEDULE O
4c	(Code:) (Expenses \$ 2,856,284. including grants of \$) (Revenue \$)
-	E-COMMERCE - E-COMMERCE SALES CONSIST OF SALES OF DONATED BOOKS ON
	AMAZON, DONATED JEWELRY ON SHOPGOODWILL.COM, AND SHIPPING REVENUE.
	E-COMMERCE SALES ARE SOLD FOB SHIPPING AND THEREFORE, SALES ARE
	RECORDED WHEN THE GOODS ARE SHIPPED, THE POINT AT WHICH THE
	PERFORMANCE OBLIGATION FOR EACH INDIVIDUAL ITEM IS MET.
4d	Other program services (Describe on Schedule O.) SEE SCHEDULE O
_	(Expenses \$ 360,194. including grants of \$) (Revenue \$)

4e Total program service expenses ► 146,588,82

Par	Checklist of Required Schedules		Yes	No
4	In the ergonization described in section $E01/aV(2)$ or $4047/aV(1)$ (other than a private foundation)? If "Voc."		162	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Λ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
5	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4		Х
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
-	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	l		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	_X_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	445	37	
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		v
h	Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		X
U	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Λ	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1.44		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Ves." complete Schedule I, Parts I and II	21		v

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Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
24 a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		24-	37	
	through 24d and complete Schedule K. If "No," go to line 25a	24a	X	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
20	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		Λ
26				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а		200		v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		v
2.4		33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,		3.7	
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part		_ 55	47	I
ı ent				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	. L
	Foliath, and have a stable has 0 of Fig. 4000 Fig. 0 M. J. B. C.		res	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 5,766			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand	44-		37
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-	37	
	excess parachute payment(s) during the year?	15	X	
4.0	If "Yes," see the instructions and file Form 4720, Schedule N.	46		v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
4 –				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	17		v
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	- '		X

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Part VI

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion 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 18			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		_X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
Conti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9 Codo	١	X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.) Yes	No
		10a		
	Did the organization have local chapters, branches, or affiliates?	IVa		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
11a		114	21	
b 120	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	124	21	
D	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		_X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ GA,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Γ (sec	tion 5	01(c)
	X Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	of inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record TIMOTHY A. O'CONNELL 2201 LAWRENCEVILLE HIGHWAY, SUITE 300 DECATUR, GA 300	ls ▶		

404-420-9900

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

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

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average	(C) Position (do not check more than one box, unless person is both an						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week (list any hours for related organizations below dotted line)	Individua or direct	a Institutional trustee	a Officer	Key employee	Highest compensated employee		from the organization (W-2/ 1099-MISC/ 1099-NEC)	from related organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) KEITH PARKER	37.00									
CHIEF EXECUTIVE OFFICER	3.00	Х		Х				1,660,037.	NONE	42,123.
(2) DELFIA MCKINNEY	40.00							, ,	-	,
VP DONATED GOODS	NONE				X			408,722.	NONE	12,980.
(3) ROBERT KING	37.00							,	-	,
CHIEF FINANCE OFFICER (-9/21)	3.00			Х				343,911.	NONE	25,854.
(4) SCOTT A. PARRY	40.00									
VP FACILITIES SERVICES	NONE					X		319,690.	NONE	38,591.
(5) ELAINE ARMSTRONG	39.00									
VP MARKETING	1.00					X		291,336.	NONE	30,727.
(6) JENNY R. TAYLOR	40.00									
VP CAREER SERVICES	NONE				X			276,749.	NONE	31,918.
(7) ANGELA L. STAUP	38.00									
VP HUMAN RESOURCES	2.00					X		265,779.	NONE	23,300.
(8) MARIANGELA CORALES	38.00									
VP GENERAL COUNSEL LEGAL	2.00					X		267,869.	NONE	20,536.
(9) BRIAN EAST, JR.	40.00									
EXECUTIVE DIRECTOR, DGR	NONE					X		243,424.	NONE	32,182.
(10) TIMOTHY A. O'CONNELL	40.00									
CHIEF FINANCE OFFICER (9/21-)	NONE			Х				76,235.	NONE	NONE
(11) KIRK HALPERN	0.75									
CHAIR OF THE BOARD	0.25	Х		Х				NONE	NONE	NONE
(12) DR. KOFI SMITH	0.75									
VICE CHAIR	0.25	Х		Х			L	NONE	NONE	NONE
(13) HEATHER OSTIS	0.75									
TREASURER	0.25	Х		Х				NONE	NONE	NONE
(14) ELLEN STERN	0.75									
SECRETARY	0.25	Х		Х				NONE	NONE	NONE

	L OF NOR	TH C	GEO:	RGI	Α,	INC			20-83510	046		•
Part VII Section A. Officers, Directors, Tr	uotooo Ka	w En	anle			and I	امانا	haat Campanaat	ad Employees (s	- n4in		Page 8
·		у ⊑п	ъ			and i	nıgı			ontinue		
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle:	Pos heck ss pe	rson lirect	e than o is both tor/trus	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	am	(F) timated tount of other pensati	f
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org: and	om the anization d related anization	on d
15) JANINE ANTHONY BOWEN	0.75											
IMMEDIATE PAST CHAIR	0.25	Х						NONE	NONE			NONE
16) SOLANGE CLAUDIO DIRECTOR	0.75	X						NONE	NONE			NONE
17) ANDRE DICKENS	0.75											
DIRECTOR	0.25	Х						NONE	NONE			NONE
18) EDWARD FERGUSON	0.75											
DIRECTOR	0.25	Х						NONE	NONE			NONE
19) B. AUBREY HARRELL	0.75											
DIRECTOR	0.25	Х						NONE	NONE			NONE
20) MARK HOFFMAN	0.75											
DIRECTOR	0.25	Х						NONE	NONE			NONE
21) DR. ELOISA KLEMENTICH	0.75											
DIRECTOR	0.25	X						NONE	NONE			NONE
22) DANIEL MILLER	0.75											
DIRECTOR	0.25	Х						NONE	NONE			NONE
23) C. DAVID MOODY, JR.	0.75											
DIRECTOR	0.25	X						NONE	NONE			NONE
24) ERICA QUALLS-BATTEY	0.75											
DIRECTOR	0.25	X						NONE	NONE			NONE
25) DR. DERETTA COLE RHODES	0.75											
DIRECTOR	0.25	X						NONE				NONE
1b Sub-total								4,153,752.	NONE			211.
c Total from continuation sheets to Part VII, S	Section A						>	NONE				NONE
d Total (add lines 1b and 1c)											258,	211.
Total number of individuals (including but not reportable compensation from the organization)		hose	liste	d a		e) wh 56	o re	ceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3		
4 For any individual listed on line 1a, is the	sum of rep	oortab	ole o	com	per	satio	n aı	nd other compens	sation from the			

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	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		
	individual	4	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual		
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5	i

Section B. Independent Contractors

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

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

Page 8

Part VII Section A. Officers, Directors, Tre	i -	y ⊑ii	ipic			and f	пy		1	COHUITU		
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average			Pos	sition			Reportable compensation	Reportable	E	stimated	J
	hours per	(do	not c	heck	more	e than c	one		compensation from	n a	mount of	f
	week (list any	box,	unles	ss pe	erson	is both	an	from	related		other	
	hours for	office	er and		direct	tor/trust		the	organizations	con	npensati	on
	related	유	l ng	Officer	<u>중</u>	육동	Forme	organization	(W-2/1099-MISC) f	rom the	
	organizations	흑호	≝	fice	y e) plc	∄	(W-2/1099-MISC)	(11 2) 1000 111100	org	ganizatio	n
	below dotted	ecto	l tio	, ii	퓽	st c	4	(** 2,1000 **********************************		ar	d related	t
	line)	Individual trustee or director	na		Key employee	° on				org	anization	าร
		lste	Ξ		ĕ	lpe						
		l e	Institutional trustee			Highest compensated employee						
			0			ted						
26) NATIONIA DELD DIGE	0.75											
26) NATOSHA REID RICE	0.75											
DIRECTOR	0.25	X						NONE	NON	IE.		NON:
27) CAROL WADDY	0.75											
DIRECTOR	0.25	Х						NONE	NON	ΙE		NON:
28) KYLE WAIDE	0.75								_			
	+											
DIRECTOR	0.25	X						NONE	NON	ΙE		NON:
	L											
			1									
	+	1										
	L											
	+	1										
	L											
	T											
	+	1										
	T											
	+	1										
1b Sub-total												
c Total from continuation sheets to Part VII, S	ection A						•					
d Total (add lines 1b and 1c)	_											
									↑400 000 -f			
2 Total number of individuals (including but not		nose	liste	a a	bove	e) wno	o re	eceived more than	\$100,000 of			
reportable compensation from the organizatio	n ▶											
											Yes	No
3 Did the organization list any former office	or directo	.r o	. tri	ıoto		kov. c	- m r	Novoo or bighoo	t componented			
3 Did the organization list any former office	ei, uiiecio	л, Оі - <i>I</i> -:		1516	e,	кеу е	siiik	noyee, or riighes	i compensateu			3.5
employee on line 1a? If "Yes," complete Sched	uie J for su	cn inc	iivia	uai			• •			3		Х
4 For any individual listed on line 1a, is the	sum of rer	oortab	ole d	com	ner	satio	n a	nd other compens	sation from the			
organization and related organizations gr												
individual										4	Х	
										7	Δ.	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Y	es," comple	te Sci	hedu	ıle J	J for	such	per	rson		5		X
Section B. Independent Contractors												
1 Complete this table for your five highest com	nensated i	nden	ende	-nt	con	tracto	rs f	that received more	than \$100 000	of		
compensation from the organization. Report of												
	ompensan	011 101	ı uıc	, ca	iciic	aai ye	aic	shaling with or with	iiii tile organizat	ions tax		
year.												
(A)								(B)		(C))	
SEE SCHEDULE O Name and business add	dress							Description of se	ervices	Compen	sation	
PER POLIFICIER O NAME AND AGOINGOOD MAN							+					
							+					
							\perp					
							T	<u> </u>				
							+					
							+					
2 Total number of independent contractors (in	ncluding bu	ut no	t lin	nite	d to	thos	se I	isted above) who	received			

more than \$100,000 in compensation from the organization ▶

20-8351046

Part VIII Statement of Revenue

		Check if Schedule	Осс	ontains a r	espor	nse or note to ar	ny line in this Part V	/III		
							(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 b	Federated campaigns Membership dues			1a 1b	128,598.				sections 512-514
ي ۾	C	Fundraising events			1c					
fts, r A	d	Related organizations			1d					
Ξġ	ے ا	Government grants (cor			1e	4,250,790.				
ns, Sim	f	All other contributions,		· · [, ,				
ë ë		and similar amounts not in	-	- 1	1f	162,044,365.				
the	_	Noncash contributions i		ı						
할	g	lines 1a-1f			1g 5	\$ 159,912,863.				
a a a	h	Total. Add lines 1a-1f		•			166,423,753.			
	- ''	Total. Add lilles 1a-11				Business Code	100,123,733.			
e)	_	REVENUE - FACILITY COI	א כוייזא	CTC		561720	872,226.	872,226.		
Š	2a	REVENUE - VOCATIONAL S				624310	144,091.	144,091.		
Ser	b	REVENUE - VOCATIONAL :	SERV.	ICES		624310	144,091.	144,091.		
Z Z	С									
gra Re	d									
Program Service Revenue	е									
ш.	f ~	All other program servic					1 016 217			
	g	Total. Add lines 2a-2f					1,016,317.			
	3	Investment income (including dividends,				interest, and	291,943.			291,943.
		other similar amounts)							291,943.	
	4	Income from investmen		-		•	NONE			
	5	Royalties		(i) Rea		(ii) Personal	NONE			
				(1) 136	aı	(II) Personal				
	6a	_	6a							
	b	. –	6b							
	С	` ' _	6c		NONE					
	d	Net rental income or (los	ss) .				NONE			
	7a	Gross amount from		(i) Secur	ities	(ii) Other				
		sales of assets								
		other than inventory	7a	50,32	9,147.	-8,803.				
ne	b	Less: cost or other basis								
evenue		·	7b		5,886.					
Re	С	` '	7c		3,261.	-8,803.				
e	d	Net gain or (loss)			· · · ·	<u></u>	3,994,458.			3,994,458.
Other	8a	Gross income from	n f	undraising						
•		events (not including \$ _								
		of contributions repo	orted	on line						
		1c). See Part IV, line 18			l	NONE				
	b	Less: direct expenses .				NONE				
	С	Net income or (loss) fro	m fu	ndraising e	vents	<u></u>	NONE			
	9a		om	gaming						
		activities. See Part IV, lin	ne 19)		NONE				
	b	Less: direct expenses .				NONE				
	С	Net income or (loss) from	om g	aming acti	vities .	<u></u>	NONE			
	10a	Gross sales of in		•						
		returns and allowances			10a	2,420,669.				
		Less: cost of goods sold				1,582,890.				
	С	Net income or (loss) from	m sa	ies of inven	tory.		837,779.			837,779.
Sn						Business Code				
ne ne	11a	ADMINISTRATIVE FEES					960,000.	960,000.		
Miscellaneous Revenue	b									
Sce Re	С									
Ĕ	d	All other revenue								
	e_	Total. Add lines 11a-11d					960,000.			
	12	Total revenue. See instr	ructic	ns		<u> </u>	173,524,250.	1,976,317.		5,124,180.

20-8351046

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	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 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	NONE			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	NONE			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	2,922,383.	2,571,697.	321,462.	29,224
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	73,286,274.	64,491,920.	8,061,490.	732,864.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,618,243.	1,424,054.	178,007.	16,182.
9	Other employee benefits	5,468,295.	4,812,100.	601,512.	54,683
10	Payroll taxes	6,577,136.	6,329,703.	178,522.	68,911.
11	Fees for services (nonemployees):				
а	Management	NONE			
	Legal	208,432.		208,432.	
	Accounting	404,508.		404,508.	
d	Lobbying	NONE			
е	Professional fundraising services. See Part IV, line 17.	NONE			
f	Investment management fees	285,462.		285,462.	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	8,350,639.	7,838,056.	381,769.	130,814.
12	Advertising and promotion	1,779,397.	1,512,520.	134,452.	132,425.
13	Office expenses	5,352,426.	5,309,066.	36,698.	6,662
14	Information technology	1,620,082.	1,328,044.	280,694.	11,344
15	Royalties	NONE			
	Occupancy	35,456,129.	35,453,644.		2,485
17	Travel	1,337,689.	1,157,032.	178,931.	1,726
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
	Conferences, conventions, and meetings	NONE			
	Interest	1,289,714.	1,289,714.		
	Payments to affiliates	NONE	6 000 115	400.000	
	Depreciation, depletion, and amortization	6,799,050.	6,299,117.	499,933.	
	Insurance	1,644,549.	1,284,620.	359,929.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
		2 020 420	2 570 007	251 542	
	MERCHANT FEES/BANK CHARGES	2,830,439.	2,578,897.	251,542.	61 462
	DUES & SUBSCRIPTIONS DAD DEPTS	1,029,932.	396,860.	571,609.	61,463.
	BAD DEBTS OTHER EXPENSES	469,482.	469,482.	107 515	20 272
	OTHER EXPENSES	2,478,120.	2,042,303.	407,545.	28,272
	All other expenses Add lines 1 through 24e	161,208,381.	146,588,829.	13 342 407	1,277,055.
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	101,200,301.	170,300,043.	13,342,497.	1,411,005.
-	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	15,727,089.	1	11,988,832.
	2	Savings and temporary cash investments	NONE	2	NONE
	3	Pledges and grants receivable, net	102,802.	3	NONE
	4	Accounts receivable, net	12,111,989.	4	9,501,293.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ts	7	Notes and loans receivable, net	NONE	7	6,648,000.
Assets	8	Inventories for sale or use	3,431,071.	8	3,365,627.
As	9	Prepaid expenses and deferred charges	3,028,801.	9	3,443,786.
	_	Land, buildings, and equipment: cost or other	.,,		
		basis. Complete Part VI of Schedule D 10a 272,130,330.			
	b	Less: accumulated depreciation 10b 106,190,036.	172,649,292.	10c	165,940,294.
	11	Investments - publicly traded securities.	37,213,833.	11	88,023,025.
	12	Investments - other securities. See Part IV, line 11	96,754,267.	12	50,616,934.
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	1,184,184.	15	894,318.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	16	340,422,109.	
	17	Accounts payable and accrued expenses	342,203,328. 124,808,983.	17	132,931,443.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	977,897.	19	623,104.
	20	Tax-exempt bond liabilities	23,417,596.	20	21,662,639.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
s	22	Loans and other payables to any current or former officer, director,	110112		110111
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ig		controlled entity or family member of any of these persons	NONE	22	NONE
Ë	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	26,693,372.	24	19,687,171.
	25	Other liabilities (including federal income tax, payables to related third	20,000,012.	27	15,007,171.
	-0	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	6,993,997.	25	9,826,307.
	26	Total liabilities. Add lines 17 through 25	182,891,845.	26	184,730,664.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.	102/072/0101		1017.007001.
lan	27	Net assets without donor restrictions	158,121,483.	27	154,987,157.
Ва	28	Net assets with donor restrictions.	1,190,000.	28	704,288.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.	2,20,000.		701,200.
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
¥⊅	32	Total net assets or fund balances	159,311,483.	32	155,691,445.
ž	33	Total liabilities and net assets/fund balances	342,203,328.	33	340,422,109.
_			512,205,5201		Form 990 (2021)

1 01111 50	70 (2021)				, u	gc • -
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	17	3,5	24,	<u>250</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	16	1,2	08,	<u>381</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3	1	2,3	15,	<u>869</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15	9,3	11,	<u>483</u> .
5	Net unrealized gains (losses) on investments	5	-1	6,4	59,	<u> 224</u> .
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		5	23,	<u>317</u> .
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	15	5,6	91,	<u>445</u> .
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled	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?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, ex					
	Schedule O.	-				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in t	the			
	Single Audit Act and OMB Circular A-133?			3a	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			_
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au			3b	Х	

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047 901

Department of the Treasury Internal Revenue Service

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

Open to Public
Inspection

Nam	of th	ne organization					Employer identif	ication number					
GOO	DW:	ILL OF NORTH GEORGIA						351046					
Pa	ťΙ	Reason for Public Cha	rity Status. (All	organizations must	comple	te this p	art.) See instruction	S.					
The	orga	anization is not a private fou		•	_	-	•						
1	Щ	A church, convention of chu	•				70(b)(1)(A)(i).						
2	Щ	A school described in secti		•	-								
3		A hospital or a cooperative	•	•		٠,							
4		A medical research organiz		conjunction with a ho	spital de	scribed in	n section 170(b)(1)(A)(iii). Enter the					
_		hospital's name, city, and state:											
5			n 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). (C	iv). (Complete Part II.) cal government or governmental unit described in section 170(b)(1)(A)(v).										
6 7	37	An organization that normal	_			-		om the general nublic					
′	X	described in section 170(b)	=	•	ipport in	oni a go	verninental unit of it	om me general public					
8		A community trust describe		•	Part II \								
9	=	An agricultural research org			-		Lin conjunction with a	land-grant college					
Ū		or university or a non-land-	=			-	-						
		university:	g. a coege c. a.g	yaa. (inanino, only, and otato o	coogc c.					
10		An organization that norma	Illy receives (1) mo	ore than 331/3 % of its	support	from cor	ntributions, membersh	nip fees, and gross					
		receipts from activities rela	ted to its exempt f	functions, subject to c	ertain ex	ceptions	s: and (2) no more tha	n 331/3 % of its					
		support from gross investmacquired by the organization	nent income and u on after June 30. 1	975. See section 509	able incc (a)(2). (0	Complete	s section 511 tax) from Part III.)	Dusinesses					
11		An organization organized				•	•						
12		An organization organized a	and operated exclu	sively for the benefit of	of, to per	form the	functions of, or to ca	rry out the purposes of					
		one or more publicly suppo	rted organizations	described in section 5	09(a)(1)	or sect i	ion 509(a)(2). See se	ction 509(a)(3). Check					
		the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.					
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving					
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	ees of the					
		$_{_}$ supporting organization. $oldsymbol{`}$	-										
b		☐ Type II. A supporting org	· · · · · · · · · · · · · · · · · · ·				· · · -						
		control or management of		-	the sam	e persor	ns that control or mar	nage the supported					
_		organization(s). You must	-		.4	4: _		II ::					
С		☐ Type III functionally integ						ny integrated with,					
d		its supported organizatior Type III non-functionally						ted organization(s)					
u		that is not functionally into			-								
		requirement (see instruct	•	•	•		•	a an attentiveness					
е		Check this box if the orga	•	•				II. Type III					
		functionally integrated, or						, .) [
f	En	ter the number of supported											
g	Pro	ovide the following information	on about the suppo	orted organization(s).									
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of					
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)					
				, , , , , ,	Yes	No	,	,					
(A)													
(B)													
(C)													
(D)													
(E)													
Tota	u												

Schedule A (Form 990) 2021 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I 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.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	138,882,446.	145,802,863.	127,404,463.	173,032,474.	166,423,753.	751,545,999.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE		
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE		
4	Total. Add lines 1 through 3	138,882,446.	145,802,863.	127,404,463.	173,032,474.	166,423,753.	751,545,999.		
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						VOV.		
6	shown on line 11, column (f)						NONE		
6	Public support. Subtract line 5 from line 4 tion B. Total Support						751,545,999.		
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
	, , , , , , , , , , , , , , , , , , , ,	138,882,446.	145,802,863.	127,404,463.	173,032,474.	166,423,753.	751,545,999.		
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,944,528.	1,297,971.	917,756.	565,823.	291,943.	6,018,021.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		136,514.	1,017,396.	1,777,117.	960,000.	3,891,027.		
11	Total support. Add lines 7 through 10						761,455,047.		
12	Gross receipts from related activities, etc. (s	see instructions) .				12	7,939,871.		
13	First 5 years. If the Form 990 is for organization, check this box and stop here			, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ►		
Sec	tion C. Computation of Public Sup								
14	Public support percentage for 2021 (li					14	98.70 %		
15	Public support percentage from 2020	·	•			15	98.46 %		
16a	331/3% support test - 2021. If the org								
	box and stop here. The organization q								
D	331/3% support test - 2020. If the organization								
170	this box and stop here . The organization 10%-facts-and-circumstances test - 2			-					
11a	10% or more, and if the organization								
	Part VI how the organization meets						•		
	organization			J	•		▶ □		
h	10%-facts-and-circumstances test - 2						and line		
	15 is 10% or more, and if the organization	_							
	in Part VI how the organization meets								
	organization			•	•				
18	Private foundation. If the organization								
_	instructions								

Schedule A (Form 990) 2021 Page 3

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.)

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
	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.						
r	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		•		•	•	•
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar						
L	Sources						
D	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	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						
42	(Explain in Part VI.)						+
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	41	 	u 455 t t t	550		F04/ \/0\
14	First 5 years. If the Form 990 is for	_					
800	organization, check this box and stop here.						🟲 🔼
	Public support percentage for 2021 (line 8		_	mn (f))		15	0/
15 16	Public support percentage for 2021 (line 8,	. ,	•			15	%
16 Soc	Public support percentage from 2020 Sche					16	%
	tion D. Computation of Investment			12 polymer (5)		47	0/
17	Investment income percentage for 2021 (lin					17	%
18	Investment income percentage from 2020 S					18	<u>%</u>
19 a	331/3% support tests - 2021. If the or	-					
	17 is not more than 331/3%, check this	-	•	-	•		
b	331/3% support tests - 2020. If the orga						
	line 18 is not more than 331/3 %, check		•	•	. ,		
20	Private foundation. If the organization of	aia not check	a pox on line 1	14, 19a, or 19b	, cneck this bo	x and see instr	uctions 🟲

Schedule A (Form 990) 2021 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, t determine whether the organization had excess business holdings.)

		Yes	No
ng by			
	1		
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	2		
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nd he			
	3b		
B)	0-		
	3с		
If	4a		
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	10a		
to	10b		

Page 5 Schedule A (Form 990) 2021

Part	IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	44.		
Secti	on B. Type I Supporting Organizations	11c		
30011	on B. Type reapporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on 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		
Secti	on D. All Type III Supporting Organizations			
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	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
Secti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
a	The organization satisfied the Activities Test. <i>Complete line 2</i> below.		-/-	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	uction	s).
2	Activities Test. Answer lines 2a and 2b 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	24		

Page 6 Schedule A (Form 990) 2021

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organic			
Se	ection 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		
Se	ection 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		
	Fair market value of other non-exempt-use assets	1c		
	I Total (add lines 1a, 1b, and 1c)	1d		
е	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	-	5		
6		6		
7			ted Type III supportin	g organization

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page 7 Type III Non Eurotionally Integrated 500(a)(2) Supporting Organizations (continued)

Part		Supporting Organizat	ions (conunuea)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex			1	
2	Amounts paid to perform activity that directly furthers exer	ed			
	organizations, in excess of income from activity	2	2		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets		4	4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.		(6	
7	Total annual distributions. Add lines 1 through 6.		7	7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in Part VI). See instructions.		8	8	
9	Distributable amount for 2021 from Section C, line 6		9	9	
10	Line 8 amount divided by line 9 amount		1	0	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	•	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
С	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				

Schedule A (Form 990) 2021

Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

Breakdown of line 7: Excess from 2017 Excess from 2018 Excess from 2019 Excess from 2020 Excess from 2021

and 4c.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number GOODWILL OF NORTH GEORGIA, INC. 20-8351046 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No Conservation Easements. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1a If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Pa	rt Organizations Maintaini	ng Collections of	Art, Histoi	ricai i re	easures	s, or	Other S	imilar <i>P</i>	issets (d	continue	ed)		
3	Using the organization's acquisition	n, accession, and	other record	ds, check	k any o	of the	followin	ig that n	nake sigr	nificant ι	ise of	its	
	collection items (check all that app	ly):		_									
а	Public exhibition		d	Loan	or exch	ange	program						
b	Scholarly research		е	Other								_	
С	Preservation for future gene	rations											
4	Provide a description of the organ	nization's collection	s and expla	in how t	they fur	rther	the orga	nization'	s exemp	t purpos	e in P	art	
	XIII.												
5	During the year, did the organization	n solicit or receive	donations of	art, hist	orical tr	easu	ıres, or ot	her simil	ar _				
	assets to be sold to raise funds rath		tained as pai	rt of the	organiz	ation	's collecti	on?		Yes		No	
Pa	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, trus	tee. custodian or o	other interm	ediary fo	or cont	ributi	ions or o	ther ass	ets not				
	included on Form 990, Part X?			-					_	Yes		No	
b	If "Yes," explain the arrangement in												
	, 1		•	3					Amount				
С	Beginning balance					1c							
d	Additions during the year					1d							
е	Distributions during the year					1e							
f	Ending balance					1f							
2a	Did the organization include an am						ıstodial ad	count lia	bility?	Yes		No	
b	If "Yes," explain the arrangement in	·	•	-					_	 			
	rt V Endowment Funds.												
	Complete if the organiza	ition answered "Y	es" on Forr	n 990, F	Part IV,	line	10.						
		(a) Current year	(b) Prior	year	(c) Tw	o yea	rs back	(d) Three y	ears back	(e) Four	years ba	ıck	
1a	Beginning of year balance	1,190,291.	65	7,791.		657,7	791.	65	7,791.	657,791.			
b	Contributions	46,437.	53	2,500.									
	Net investment earnings, gains,												
·	and losses		11	8,000.		16,0	000.	3	88,000.		48,000	48.000.	
d	Grants or scholarships												
	Other expenditures for facilities												
·	and programs	532,440.	11	8,000.		16,0	000.	3	88,000.		48,000	Ο.	
f	Administrative expenses												
g	End of year balance	704,288.	1,19	0,291.		657,7	791.	65	7,791.		557,791	1.	
2	Provide the estimated percentage	of the current year	end halance	(line 1a	column	n (a))	held as:						
a	Board designated or quasi-endown		%	, (iii ic 1g,	COIGITII	ι (α))	noid as.						
b	Permanent endowment ▶ 93.4		_										
С	Term endowment ▶ 6.6000												
	The percentages on lines 2a, 2b, a	ind 2c should equal	100%.										
3a	Are there endowment funds not in	the possession of t	he organiza	tion that	are hel	d an	d adminis	tered for	the				
	organization by:									[Yes 1	No	
	(i) Unrelated organizations									3a(i)		Х	
	(ii) Related organizations									3a(ii)		Х	
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	ed as require	d on Sch	edule R	??				3b			
4	Describe in Part XIII the intended u	ises of the organiza	ation's endov	vment fur	nds.								
Pa	rt VI Land, Buildings, and Equ Complete if the organize	ıipment. ation answered "Y	es" on For	m 990, l	Part IV	, line	e 11a. Se	e Form	990, Pa	ırt X, lin	e 10.		
	Description of property	(a) Cost o	or other basis	(b) Cost	or other ba		(c) Accui	mulated		l) Book val			
1.	Land	,	stment)		ther)	7	deprec	iation		10 60	4 QQ'		
_	Land				24,92		15 000) [72		19,62			
b	Buildings				266,64	_	15,202			38,06			
۲ C	Leasehold improvements				23,15		27,625			11,49			
d	Equipment				68,20		17,600			6,96			
e Tota	Other		m 000 Part	135,5			45,75			89,79			
ota	I. Add lines 1a through 1e. (Column	(u) must equal For	ııı 990, Part .	A, COIUMI	ıı (B), III	ie 10	<i>ic.)</i>	▶]	L65,94	U,294	±.	

Part VII	Investments - Other Securities. Complete if the organization answered	d "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 valuat Cost or end-of-year mark	ion:
(1) Financi	al derivatives			
	held equity interests			
(3) Other _				
(A) MON	EY MARKET	12,117,329.	COST	
(B) ALT	ERNATIVE INVESTMENTS	38,499,605.	FMV	
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	50,616,934.		
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 valuat Cost or end-of-year mark	
(1)			-	
<u>(1)</u> <u>(2)</u>				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
· are in	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
	(a) De	escription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X	Other Liabilities. Complete if the organization answered line 25.	d "Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descrip	otion of liability		(b) Book value
(1) Feder	ral income taxes			
(2)OTHER	LIABILITIES			9,826,307.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990 Part X. col. (B) line 25.)		.	9 826 307

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

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	-	
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
Provide	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	Part V, nation	line 4; Part X, line
SEE	SUPPLEMENTAL PAGE		

PART V, LINE 4:

INTENDED USES OF ENDOWMENT FUNDS

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.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER THE PROVISIONS OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. 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 CONSOLIDATED 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 2019 THROUGH 2022. 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, 2022 FOR UNCERTAIN TAX POSITIONS.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► 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.

2021
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name	of the organization					Employer identifica	ition number
GOOI	OWILL OF NORTH GEORGIA	, INC.				20-835104	16
Part		n Activities	Outside the	United States. Comple	ete if the		
	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?	eligibility for t	he grants or			-	Yes No
	For grantmakers. Describe in loutside the United States.	Part V the org	anization's pro	ocedures for monitoring t	he use o	f its grants and	d other assistance
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	ace is nee	eded.)	
	(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)	a pro describ	vity listed in (d) is orgram service, e specific type of (s) in the region	(f) Total expenditures for and investments in the region
(1)	CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS			9,061,769.
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
3a	Subtotal	NONE	NONE				9,061,769.
b	Total from continuation						

sheets to Part I

c Totals (add lines 3a and 3b)

9,061,769.

	(Form 990) 2021 GO	OODWILL OF NORTH G	EORGIA, INC.		20-835				Page 2
Part II	Grants and Other Ass Part IV, line 15, for any							ered "Yes" on	Form 990,
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)									
exe	er total number of recipient mpt 501(c)(3) organization b	y the IRS, or for which the	grantee or counsel ha	s provided a sec	tion 501(c)(3) equi	valency letter	>		
	er total number of other orga	nizations or entities	<u></u>	<u> </u>	<u> </u>	<u></u>	<u> </u>		

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.

(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	V 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)	X	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	X 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)	X	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)	X	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)	X	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				

Schedule F (Form 990) 2021

Instructions for Form 5713; don't file with Form 990)

SCHEDULE J (Form 990)

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

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

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GOODWILL OF NORTH GEORGIA, INC.

Employer identification number 20-8351046

Pan	Questions Regarding Compensation		Yes	No
1 2	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form		res	No
ıa	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		Х
b	Any related organization?	6b		X
-	If "Yes" on line 6a or 6b, describe in Part III.			
-				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	Х	
0	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	-	^_	
8	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	•			- V
0	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KEITH PARKER	(i)	648,069.	149,800.	862,168.	10,151.	37,076.	1,707,264.	862,168.
1 CHIEF EXECUTIVE OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
DELFIA MCKINNEY	(i)	339,154.	69,568.	NONE	4,187.	12,744.	425,653.	NONE
2 VP DONATED GOODS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ROBERT KING	(i)	276,211.	67,700.	NONE	16,696.	12,836.	373,443.	NONE
3 CHIEF FINANCE OFFICER (-9/21)	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SCOTT A. PARRY	(i)	263,772.	55,918.	NONE	10,650.	31,633.	361,973.	NONE
4 VP FACILITIES SERVICES	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ELAINE ARMSTRONG	(i)	237,794.	53,542.	NONE	14,421.	19,964.	325,721.	NONE
5 VP MARKETING	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JENNY R. TAYLOR	(i)	228,029.	48,720.	NONE	9,369.	26,144.	312,262.	NONE
6 VP CAREER SERVICES	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MARIANGELA CORALES	(i)	219,562.	48,307.	NONE	4,418.	19,693.	291,980.	NONE
7 VP GENERAL COUNSEL LEGAL	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANGELA L. STAUP	(i)	217,658.	48,121.	NONE	12,979.	13,884.	292,642.	NONE
8 VP HUMAN RESOURCES	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BRIAN EAST, JR.	(i)	209,423.	34,001.	NONE	12,483.	22,762.	278,669.	NONE
9 EXECUTIVE DIRECTOR, DGR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part | Supplemental Information

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

PART I LINE 4B

ACCRUED DEFERRED COMPENSATION

THE 457(F) PLAN BEGINS TO PAYOUT FOLLOWING A VESTING PERIOD THAT VARIES BY OFFICER YEARS OF SERVICE. THE LAST VESTED PAYOUT WILL BE IN FISCAL 2023. THE FOLLOWING PEOPLE PARTICIPATED IN THE PLAN: KEITH PARKER, DELFIA MCKINNEY, TIMOTHY A. O'CONNELL, MARIANGELA CORALES, ELAINE ARMSTRONG, ANGELA STAUP, EMILY CARTER, SCOTT PARRY AND JENNY TAYLOR. DURING CALENDAR YEAR 2021, KEITH PARKER COMPLETED THE NECESSARY REQUIREMENTS AND VESTED IN A 457(F) PLAN. THE PAYMENT FOR THE PLAN WAS A

LUMP SUM OF \$862,168, SUBJECT TO APPROPRIATE TAX WITHHOLDING.

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

Page 3

Part | Supplemental Information

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

OTHER ORGANIZATIONS OF SIMILAR SIZES AND REVENUE. THE COMMITTEE LOOKS AT

NATIONAL DATA PLUS LOCAL NONPROFIT DATA.

1E1505 1.000

SCHEDULE K (Form 990)

Department of the Treasury

Internal Revenue Service

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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization GOODWILL OF NORTH GEORGIA, INC.

Employer identification number 20-8351046

Part	Bond Issues												_		
	(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issue	d (e) Is	(e) Issue price		(f) Description of purpose		(g) Defeased		(h) beha issi	alf of	(i) Po	oled
										Yes	No	Yes	No	Yes	No
A DE	VELOPEMENT AUTHORITY OF CHEROKEE COUNTY	58-1374840	164218CR8	08/26/2008	4	,800,000.	CONSTRUCTION	- CHEROKEE			Х		Х		Х
B DE	VELOPMENT AUTHORITY OF GWINNETT COUNTY	58-1293808	403720CU7	02/05/2009	5	,000,000.	CONSTRUCTION	- GWINNETT			Х	х х			Х
C WE	ST GEORGIA JOINT DEVELOPMENT AUTHORITY	77-0633349	000000000	12/12/2009	3	,800,000.	CONSTRUCTION	- PAULDING			х		Х		Х
D DE	DEVELOPMENT AUTHORITY OF FULTON COUNTY 58-		000000000	01/28/2010	7	,000,000.	CONSTRUCTION	- FULTON			Х		Х		Х
Part	Proceeds														
						Α		В	С			D			
1	Amount of bonds retired				1,	680,000	0. 1,	750,000.	1,2	1,266,800. 2,292,95				0.	
2	Amount of bonds legally defeased														
3	Total proceeds of issue				4,	800,000	0. 5,	000,000.	3,8	00,00	00.		7,00	000,000.	
4	Gross proceeds in reserve funds														
5	Capitalized interest from proceeds							251,141.	34,445.				11	11,023	
6	Proceeds in refunding escrows														
_ 7	Issuance costs from proceeds					96,00	0.	100,000.	. 76,000.		00.			4,96	54.
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.			6,814,013.		.3.	
11	Other spent proceeds							30,478.							
12	Other unspent proceeds														
13	Year of substantial completion					2008		2010	2	2009			20	10	
					Yes	No	Yes	No	Yes	No		Yes		No	
14	Were the bonds issued as part of a ref	unding issue of ta	ax-exempt b	onds (or,											
	if issued prior to 2018, a current refunding is	sue)?				Х		Х		X		x			
15	Were the bonds issued as part of a re														
	issued prior to 2018, an advance refunding is	sue)?				X		Х		X				Х	
16	Has the final allocation of proceeds been made				Х		Х		Х			Х			
17	Does the organization maintain adequate														
	final allocation of proceeds?				Х		X		Х			Х			

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

Schedule K (Form 990) 2021

Schedule K (Form 990) 2021

Par	t III Private Business Use	X-EXEMP	T BOND L	IABILIT	IES				
			Α		В		С)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х		X		X		X
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		Х		X		X		X
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		Х		X		X		X
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?								
С	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						1		
-	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?	Х		Х		X		Х	
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						1		
_	disposed of		%		%		%		%
	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		Х		Х		Х	
Par	t IV Arbitrage	21		21					
	, a contage		A		В		С		<u> </u>
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		х		Х		Х		Х
2	If "No" to line 1, did the following apply?						•		
	Rebate not due yet?		Х		Х		Х		Х
	Exception to rebate?	Х		Х		Х		Х	
	No rebate due?		Х		Х		Х		Х
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was		'		1		·		
	performed								
3	Is the bond issue a variable rate issue?			X		X		X	

Schedule K (Form 990) 2021

Schedule K (Form 990) 2021 Page **3**

Part IV Arbitrage (continued)	AX-EXEM	PT BOND I	LIABILI'	TIES				
		Α		В		С		D
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?	X		X		X		X	
b Name of provider	TRUIST		TRUIST		TRUIST		TRUIST	
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
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?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		Х		X		Х
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X		X		X		X	
Part V Procedures To Undertake Corrective Action				•		•		
		Α		В		С		D
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	X		X		X		X	

SCHEDULE K (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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.

OMB No. 1545-0047

2021

Open to Public Inspection

GOODWILL OF NORTH GEORGIA, INC.

Employer identification number 20-8351046

Part	Bond Issues (a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issue	ed (e	Issue price	(f) Description of purpose		(g) De	efeased	ased (h) On behalf of issuer		(i) Po finan		
										Yes	No	Yes	No	Yes	No
A DE	VELOPMENT AUTHORITY OF FLOYD COUNTY	23-7182908	000000000	06/08/201	.1	3,300,000.	CONSTRUCTION	1 - FLOYD			Х		Х		Х
B DE	VELOPMENT AUTHORITY OF FORSYTH COUNTY	58-2390514	000000000	06/08/201	.1	4,900,000.	CONSTRUCTION	I - FORSYTH			х		Х		Х
C DE	VELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	000000000	11/15/201	.2	6,000,000.	CONSTRUCTION	N - FULTON			Х		Х		Х
D															
Par	II Proceeds					A		В		C			D		
1	Amount of bonds retired			-	-		1 2	142,175.		809,8	2.5				
	Amount of bonds legally defeased					.,440,04	2,	142,173.		009,0	33.				
3	Total proceeds of issue					3,300,000	n 4	900,000.	6	000,00	20				
4	Gross proceeds in reserve funds					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5. 1,	200,000.	0,	000,00	30.		-		
5	Capitalized interest from proceeds					39,33	0.	98,563.		391,5	58.				
6	Proceeds in refunding escrows.					37,33		, , , , , , ,		372,3			-		
7	Issuance costs from proceeds					66,00	0.	79,239.		108,6	78.				
8	Credit enhancement from proceeds					,		,							
9	Working capital expenditures from proceeds							120,862.							
10	Capital expenditures from proceeds							601,337.	5,	499,76	54.				
11	Other spent proceeds				3	3,194,670									
12	Other unspent proceeds														
13	Year of substantial completion					2011		2012		2012					
					Yes	No	Yes	No	Yes	No		Yes		No	
14	Were the bonds issued as part of a refund	ing issue of ta	x-exempt b	onds (or,											
	if issued prior to 2018, a current refunding issue	?				X		X		X					
15	Were the bonds issued as part of a refund														
	issued prior to 2018, an advance refunding issue					X		X		X			\perp		
16	Has the final allocation of proceeds been made?				X		X		X						
17	Does the organization maintain adequate b														
	final allocation of proceeds?				X		Х		X						

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

Schedule K (Form 990) 2021

Schedule K (Form 990) 2021

Pa	rt III Private Business Use	X-EXEMP	T BOND L	IABILIT	IES				
			Α		В	(С)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х		Х		Х		
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		х		x		X		
3a	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		Х		x		x		
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?								
C	Are there any research agreements that may result in private business use of								
	bond-financed property?		Х		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?	Х		X		Х			
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?	•	Х		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
С	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			
Pa	rt IV Arbitrage								
			A		В	(С	[)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		Х		X		X		
	Exception to rebate?	X		X		X			
c	No rebate due?		X		X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was						\Box		
	performed								
3	Is the bond issue a variable rate issue?	X		X		X			

Schedule K (Form 990) 2021

Part IV Arbitrage (continued) TA	X-EXEMP'	r bond i	LIABILIT:	IES				
		A	В			;	ı	D
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		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?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X		X		X			
Part V Procedures To Undertake Corrective Action								
		A	E	3	(•	I	D
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	X		X		X			
Part VI Supplemental Information. Provide additional information for responses to	o questior	ns on Sche	edule K. Se	ee instruct	ions.			

Schedule K (Form 990) 2021 Page 4

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 00000000 HAS BEEN PLACED IN

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

FOR ANY OTHER PURPOSE.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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 instructions and the latest information.

Name of the organization

Employer identification number 20-8351046

GOC	DWILL OF NORTH GEORGIA,	INC.			20-8351046		
Par	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 1	Method of contril	determinin	
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications			6,734,885.	RESALE VAL	UE	
5	Clothing and household						
	goods	Х		146,361,919.	RESALE VAL	UE	
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			1,244,980.	RESALE VAL	UE	
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►(MISC ITEMS)	X		5,571,079.	SEE PART I	I	
26	Other ►()						
27	Other ►()						
28	Other ►(
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for	-		
	which the organization completed f	Form 8283,	Part V, Donee Acknowledge	ement	29		
					_	Yes	No
30a	During the year, did the organizat	tion receive	by contribution any prope	rty reported in Part I, lir	nes 1 through		
	28, that it must hold for at least the	hree years f	rom the date of the initial	contribution, and which	isn't required		
	to be used for exempt purposes for	the entire h	olding period?			30a	X
b	If "Yes," describe the arrangement i	in Part II.					
31	Does the organization have a	gift accep	tance policy that require	es the review of any	nonstandard		
	contributions?					31 X	
32a	Does the organization hire or use						
	contributions?				3	32a X	
b	If "Yes," describe in Part II.						
33	If the organization didn't report an describe in Part II.	amount in c	column (c) for a type of pro	perty for which column	(a) is checked,		

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

Schedule M (Form 990) 2021

Part II Suppler

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.

SCHEDULE M, PART I, COLUMN (B):

MISC ITEMS AND COLLECTIBLES

THE ORGANIZATION RECEIVES NUMEROUS OTHER ITEMS. DUE TO THE VOLUME

RECEIVED, WE ARE UNABLE TO COUNT THE EXACT NUMBER OF DONATIONS.

SCHEDULE M, LINE 32B:

THIRD PARTY VENDORS

THE ORGANIZATION UTILIZES E-COMMERCE PLATFORMS TO SELL DONATE ITEMS, AND

THOSE COMPANIES TAKE A SMALL PORTION OF THE SALES AS A COMMISSION.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

GOODWILL OF NORTH GEORGIA, INC.

20-8351046

FORM 990, PART I, LINE 1

THE ORGANIZATION EXISTS TO PROVIDE EMPLOYMENT, REHABILITATIVE SERVICES,

JOB TRAINING, AND JOB PLACEMENT SERVICES FOR PERSONS WITH DISABILITIES OR

DISADVANTAGING CONDITIONS.

PART III LINE 4D

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 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.

PART VI, SECTION B, LINE 11B

FORM 990 REVIEW PROCESS

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

PART VI, SECTION B, LINE 12C

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

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.

PART VI SECTION B LINE 15A

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

GOODWILL OF NORTH GEORGIA, INC.

20-8351046

PROCESS FOR DETERMINING COMPENSATION

EACH YEAR, THE COMPENSATION COMMITTEE OF THE BOARD, WITH THE ASSISTANCE

OF AN INDEPENDENT COMPENSATION CONSULTANT EVALUATES THE COMPENSATION OF

THE PRESIDENT AND OTHER KEY EMPLOYEES BY REVIEWING OUTSIDE MARKET DATA OF

OTHER ORGANIZATIONS OF SIMILAR SIZES AND REVENUE. THE COMMITTEE LOOKS AT

NATIONAL DATA PLUS LOCAL NONPROFIT DATA.

PART VI SECTION C LINE 19

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC

THE ORGANIZATIONS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATIONS FINANCIAL STATEMENTS ARE PUBLISHED ON THEIR WEBSITE.

PART VIII

CONTRIBUTIONS VERSUS SALE

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

PART XI LINE 9

-960,000 EXPENSES LISTED ON AFFILIATED ENTITY CONSOLIDATED FOR AUDIT PURPOSES

1,483,317 INTEREST RATE SWAP ADJUSTMENT

523,317 = CHANGES IN NET ASSETS

Name of the organization Employer identification number 20-8351046 GOODWILL OF NORTH GEORGIA, INC.

FORM 990, PART III - PROGRAM SERVICE

LINE 4B, PROGRAM SERVICE

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 26 DIFFERENT PROGRAMS INCLUDING CONSTRUCTION, FORKLIFT, CUSTODIAL/FLOOR TECHNOLOGY, AND HOSPITALITY. IN FISCAL YEAR 2022, WE SERVED OVER 30,900 PEOPLE AND HELPED OVER 16,600 INDIVIDUALS FIND A JOB OR START A BUSINESS. ADDITIONALLY, WE OPERATE 14 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.

		tification number				
GOODWILL OF NORTH GEORGIA, INC.						
	•					
VICES						
=====						
GRANTS	EXPENSES	REVENUE				
	360,194.					
	260 104					
	360,194.					
	====	====				

Name of the organization

GOODWILL OF NORTH GEORGIA, INC.

Employer identification number
20-8351046

FORM 990, PART VII-COMPENSATION OF THE		
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
RAND-PAULSON		
85-A MILL ST, STE 200		
ROSWELL, GA 30075	ARCHITECT	295,045.
MASTER FIRST SERVICES		
35 CORNISH CREEK LN		
COVINGTON, GA 30064	GROUND MAINTENANCE	284,985.
ABSOLUTE PROTECTION		
120 BUCK TRAIL		
SOCIAL CIRCLE, GA 30025	SECURITY MONITORING	188.915.

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

(5)

(6)

Related Organizations and Unrelated Partnerships

 \blacktriangleright 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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

GOODWILL OF NORTH GEORGIA, INC.

Employer identification number 20-8351046

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) Legal domicile (state (e) End-of-year assets Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income Direct controlling or foreign country) entity (1) GOODWILL OF NORTH GEORGIA DEV. CO. I 84-4036366 2201 LAWRENCEVILLE HIGHWAY, ST DECATUR, GA 30033 JOB PLACEMENT NONE NONE GNG, INC. (2) (3) (4)

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	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5	(a) (512(b)(13) (rolled (ity?
						Yes	No
(1) GOODWILL INDUSTRIES OF NORTH GA, INC. 58-0566193							l
2201 LAWRENCEVILLE HIGHWAY DECATUR, GA 30033	JOB PLACEMENT	GA	501(C)(3)	LINE 10	N/A	Х	<u> </u>
(2) GOODWILL OF NORTH GEORGIA DEV. CO. II 85-1936726							
2201 LAWRENCEVILLE HIGHWAY DECATUR, GA 30033	SUPPORTING OR	GA	501(C)(3)	LINE 12A, I	GNG	Х	<u> </u>
(3)	_						
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

	Identification of Polated Overningtions Toyoble as a Portneyphin, Complete if the arganization applyared "Voc" on Form 000, Port IV, line	~ 24
Part III	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line	e 54,
i ait iii	because it had one or more related organizations treated as a partnership during the tax year.	

(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	Share of end-of- year assets Disproportionate allocations? Code V amount in of Schedu		Disproportionate Code V - UBI		Gen man	eral or aging tner?	(k) Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)	_											
(6)	_											
<u>(7)</u>												

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

Yes No

20-8351046

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?

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X
	Gift, grant, or capital contribution to related organization(s)	1b		X
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		Χ
е	Loans or loan guarantees by related organization(s)	1e		Χ
	, , , , , , , , , , , , , , , , , , , ,			
f	Dividends from related organization(s)	1f		Х
	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s).	1h		X
	Exchange of assets with related organization(s)	1i		Х
	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
•	, , , , , , , , , , , , , , , , , , , ,			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Χ
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Χ
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Χ
	Sharing of paid employees with related organization(s)	10	Х	
р	Reimbursement paid to related organization(s) for expenses	1р		Χ
q	Reimbursement paid by related organization(s) for expenses	1q	Х	
r	Other transfer of cash or property to related organization(s)	1r	Х	
s	Other transfer of cash or property from related organization(s)	1s		Χ
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 three	eshold	S.	
	(a) (b) (c) Name of related organization Transaction Amount involved Method	(d)	arminir	n.a
		unt inv		ıg
1)				
· _ \				
2)				
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(3)				
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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 Regal domicile (state or foreign country) (c) Legal domicile (state or foreign country) related, excl from tax und sections 512 -	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(f) Share of total income (g) Share of end-of-year assets	(h) Disproportionate allocations?		amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
		sections 512 - 514)	Yes	No		Yes No		Yes	No				
(1)													
(2)													
(3)													
(4)													
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