Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Open to Public Inspection

Yes

Form 990 (2022)

Department of the Treasury Internal Revenue Service

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

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

A For the 2022 calendar year, or tax year beginning 07/01/2022 and ending 06/30/2023 C Name of organization D Employer identification number B Check if applicable GOODWILL OF NORTH GEORGIA, INC Address change Doing Business As 20-8351046 Number and street (or P.O. box if mail is not delivered to street address) Name change Room/suite E Telephone number Initial return 2201 LAWRENCEVILLE HWY STE 300 (404)420 - 9900City or town, state or province, country, and ZIP or foreign postal code Terminated Amended return Application pending DECATUR, GA 30033 **G** Gross receipts \$ 207,897,988 F Name and address of principal officer: KEITH T. PARKER H(a) Is this a group return for subordinates? 2201 LAWRENCEVILLE HWY STE 300, DECATUR, GA H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c)((insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) Website: ▶ WWW.GOODWILLNG.ORG H(c) Group exemption number Form of organization: X Corporation Association L Year of formation: 2007 M State of legal domicile: GA 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance if the organization discontinued its operations or disposed of more than 25% of its net assets, Number of voting members of the governing body (Part VI, line 1a) Activities & Number of independent voting members of the governing body (Part VI, line 1b) 19 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 5,878 6 Total number of volunteers (estimate if necessary) 6 115 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 NONE **Current Year** Contributions and grants (Part VIII, line 1h) 166, 423, 753 174,311,392. COPY FOR 1,016,317 1,381,702. PUBLIC INSPECTION 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,286,401 1,120,534. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). . . . 11 1,797,779 2,751,494. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 173,524,250 179,565,122. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 NONE 500,000. Benefits paid to or for members (Part IX, column (A), line 4) 14 NONE NONE Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 15 89,872,331 95,137,121. 16a Professional fundraising fees (Part IX, column (A), line 11e) NONE **b** Total fundraising expenses (Part IX, column (D), line 25) ▶ ____1, 285, 462. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 71,336,050. 76,640,245. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 161,208,381 172,277,366. Revenue less expenses. Subtract line 18 from line 12 12,315,869 7,287,756. **Beginning of Current Year** End of Year Total assets (Part X, line 16) 20 340,422,109 321,510,920. Total liabilities (Part X, line 26)..... 21 184,730,664 150,487,053. 22 Net assets or fund balances. Subtract line 21 from line 20. 155,691,445 171,023,867 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 05/15/2024 Sign Signature of officer Here MOTHY A. O'CONNELL CFO Type or print name and title Print/Type preparer's name Date Paid Check SABRE J LINAHAN 05/15/2024 self-employed Preparer P01372980 ► SMITH & HOWARD ADVISORY, Use Only Firm's EIN 92-0749631 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363 404-874-6244 May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
_	complete Schedule A],		
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	1	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	-	X
	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(b)	-	_	^
_	election in effect during the tax year? If "Yes," complete Schedule C. Part II	4	ŀ	Х
5	is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues	<u></u> -		
	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?			
7	"Yes," complete Schedule D, Part I.	6		Х
,	bluttle digalization receive or noid a conservation easement, including easements to preserve open space			
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
•	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
9	complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		Х
	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			
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9	<u> </u>	_X_
	or in quasi endowments? If "Yes," complete Schedule D. Part V	1		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	X	
	vii, viii, iA, or A, as applicable.	ŀ		
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	х	
b	but the diganization report an amount for investments-other securities in Part X line 12, that in 50/ or many	110	├ ^	
	of its total assets reported in Part X, line 16? If "Yes." complete Schedule D. Part VII	11b	х	
С	bid the diganization report an amount for investments-program related in Part X. line 13, that is 50/ or many	1.12		
	or its total assets reported in Part X, line 16? If "Yes." complete Schedule D. Part VIII	11c		Х
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total coasts			
^	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
12 a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	Х	
	Schedule D, Paris XI and XII.			
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		X
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		İ	
13	is the organization a school described in section 1/0(b)(1)(A)(ii)? If "Yes " complete Schodule E	12b	X_	
14 a	Did the Organization maintain an office, employees, or agents outside of the United States?	13		_X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmatters	14a	\dashv	<u>X</u>
	runuralsing, business, investment, and program service activities outside the United States or accurate		İ	
	To eight investments valued at \$100,000 or more? If "Yes," complete Schedule F. Perts Land IV	14b	_ x	
15	Did the Organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other against and 4.			
40	ior any loreign organization? If "Yes," complete Schedule F. Parts II and IV	15	1	Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate greats as at a second			
17	assistance to or for foreign individuals? If "Yes," complete Schedule F. Parts III and IV	16		X
13	The the organization report a total of more than \$15,000 of expenses for professional fundraising semices are			
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17		Х
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		T	
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	_x	
	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			
20 a	If "Yes," complete Schedule G, Part III. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	19		Χ.
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		Χ
21	Did the diganization report more than \$5,000 of grants or other assistance to any demostic organization and	20b		
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II]]		
JSA 2E1021	PUBLIC INSPECTION CODY	21	200	X

Pa	t IV Checklist of Required Schedules (continued)			Page
22	Did the executation was to the executation of the e		Yes	i N
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
	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	1	1	
24	employees? If "Yes," complete Schedule J. Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	X	
	\$100,000 as of the last day of the year, that was issued after December 24, cooper (1974)			1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a			
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a	_	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b	·	X
	to defease any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		_ X
25	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d	<u> </u>	X
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	1		
ļ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	25a	ļ	X
	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.	İ		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b	<u> </u>	X
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	l		ľ
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	ŀ		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26	<u> </u>	X
	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			1
	persons? If "Yes," complete Schedule L, Part III.			
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	27	<u> </u>	<u> X</u>
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			•
	"Yes," complete Schedule L, Part IV			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.	28a	 -	X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28b		X
	"Yes," complete Schedule L, Part IV		l	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c	⊢–	X
30	bid the organization receive contributions of art, historical treasures, or other similar coasts, or public to	29	X	<u> </u>
	conservation contributions? If "Yes," complete Schedule M			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Ves " complete School to the stute At B. A. B.	30	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	ļ	X
	complete Schedule N, Part II.	ا ۔ ا		1
33	The wife organization own 100 % of all effilly disregarded as separate from the organization under Desired	32		X
	300tions 301.1701"2 and 301.1701-37 if "Yes." complete Schedule R. Parf I			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV and Part V line 1	33		<u> X</u>
	or rv, and rait v, mie)			!
35 a	Did the diganization have a controlled entity within the meaning of section 512/b)/13/2	34	X	 -
b	Tes to line 35a, did the organization receive any payment from or engage in any transaction with -	35a	X	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule P. Port V. line 2	0.61.		l
36	occion so i(c)(s) organizations. Did the organization make any transfers to an example of a should be	35b	X	<u> </u>
	Telated Organization? If Yes, complete Schedule R. Part V. line 2	20		
37	bid the organization conduct more than 5% of its activities through an entity that is not a related asset to	36		<u>X</u> _
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schodulo B. Book VII.			
38	bld the digalization complete schedule O and provide explanations on Schodule O for Dark VI. I'm and All III and A	37		X
	10. Note: All 1 oill 990 filers are required to complete Schedule O.		[ı
art	otatements Regarding Other IRS Fillings and Tay Compliance	38	X	
	Check if Schedule O contains a response or note to any line in this Part V			
		· • • •	V I	ا_ا
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
U	Enter the humber of Forms W-2G included on line 1a. Enter -0- if not applicable	ļ		
C	Did the organization comply with backup withholding rules for reportable normante to the complete to the compl	ĺ		
	reportable garring (garripling) winnings to prize winners?	4.	,	
SA E1030 :	PUBLIC INSPECTION CORY	1c		2022

GOODWILL OF NORTH GEORGIA, INC. 20-8351046 Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 19 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. Enter the number of voting members included on line 1a, above, who are independent.... 19 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 Х 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... 4 Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Х Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?.... Each committee with authority to act on behalf of the governing body?.... 8b Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes N٥ 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a Х b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Х Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Χ Did the organization have a written whistleblower policy?.... 13 13 Χ Did the organization have a written document retention and destruction policy?.... 14 14 Х 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? The organization's CEO, Executive Director, or top management official 15a 15b X 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 16a Х If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17 GA, Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records 20 TIMOTHY A. O'CONNELL 2201 LAWRENCEVILLE HIGHWAY, SUITE 300 DECATUR, GA 300 404-420-9900

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

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor	any related	organization compensate	ed any current offic	er, director, or trus	stee.
		(C)			

(A) Name and title	(B) Average hours per week (list any	CC Position (do not check more than one box, unless person is both an officer and a director/trustee) S S S Q X X X X X X X X X X X X X X X X				is both tor/trus	an tee)	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related organizations (W-2/	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	from the organization and related organizations
_(1) KEITH PARKER	37.00									
CHIEF EXECUTIVE OFFICER	3.00	х		Х				856,175.	NONT	44 050
(2) DELFIA MCKINNEY	40.00							030,173.	NONE	41,950.
VP DONATED GOODS	NONE				X			721,200.	NONE	21 226
(3) SCOTT A. PARRY	40.00		П					121,2001	NONE	21,286.
VP FACILITIES SERVICES	NONE					х		528,605.	NONE	42 000
(4) ELAINE ARMSTRONG	39.00				_			0207000.	NOME	43,903.
VP MARKETING	1.00					Х		506,257.	NONE	26 501
(5) ANGELA L. STAUP	38.00							000,2011	WONE	36,501.
VP HUMAN RESOURCES (-02/23)	2.00					Х		456,730.	NONE	19,998.
(6) MARIANGELA CORALES	38.00					-			NONE	19,990.
VP GENERAL COUNSEL LEGAL	2.00			ı		Х		420,903.	NONE	21,811.
(7) JENNY R. TAYLOR	40.00								NONE	<u> </u>
VP CAREER SERVICES	NONE			ļ	Х			402,163.	NONE	24,752.
(8) TIMOTHY A. O'CONNELL	38.00								NOTAT	24,132.
CHIEF FINANCE OFFICER	2.00	İ		Х				_ 345,363.	NONE	1 660
(9) BRIAN EAST, JR.	40.00								IVONE	1,668.
EXECUTIVE DIRECTOR, DGR	NONE	- 1				Х	1	245,540.	NONE	33,988.
(10) KIRK HALPERN	0.75								NONE	33,900.
IMMEDIATE PAST CHAIR	0.25	х		$_{\rm X}$				NONE	NONE	NONE
(11) DR. KOFI SMITH	0.75						\neg	110712	NOME	NONE
BOARD CHAIR	0.25	Х		х			ļ	NONE	NONE	MONT
(12) ELLEN STERN	0.75							1101112	NONE	NONE
SECRETARY	0.25	Х		х				NONE	NONE	MONTE
(13) SOLANGE CLAUDIO	0.75							TONE	NONE	NONE
DIRECTOR	0.25	х				ĺ		NONE	NONE	MONT
(14) ANDRE DICKENS	0.75		\dashv				_	HOME	TAOIAE	NONE
DIRECTOR	0.25	Х						NONE	NONE	NONE

Part VII Section A. Officers, Directors,	Tustees, Ne	y En	ibic			and	Hig		ed Employees (continued)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle	Pos heck	erson	e than o is both tor/trus	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
15) EDWARD FERGUSON	0.75									
TREASURER 16) B. AUBREY HARRELL	0.25	X		Х	_			NONE	NONE	NOI
DIRECTOR	0.75 0.25	Х						270320		
17) MARK HOFFMAN	0.75							NONE	NONE	NOI
DIRECTOR	0.25	Х						NONE	NONE	3300
18) DR. ELOISA KLEMENTICH	0.75							NONE	NONE	NO
DIRECTOR	0.25	Х						NONE	NONE	NO
19) DANIEL MILLER	0.75		Ì							
DIRECTOR	0.25	Х		!				NONE	NONE	NOI
20) C. DAVID MOODY, JR. DIRECTOR	0.75									
21) ERICA QUALLS-BATTEY	0.25	Х		\dashv				NONE	NONE	NOI
DIRECTOR	0.75	х								
22) DR. DERETTA COLE RHODES	0.75			-+				NONE	NONE	NOI
VICE CHAIR	0.25	х	ŀ	х				NONE	NON	
23) NATOSHA REID RICE	0.75						_	TAOME	NONE	NOI
DIRECTOR	0.25	X		_				NONE	NONE	NO
24) CAROL WADDY	0.75		Ì				\neg	21011.2	NONE	NOI
DIRECTOR	0.25	Х						NONE	NONE	NON
25) KYLE WAIDE	0.75_	l	- 1							
DIRECTOR	0.25	<u> X</u>					[NONE	NONE	NOI
1b Sub-total	· · · · · · · · · · · ·		- +					4,482,936.	NONE	245,857
c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A	• • •	• •	٠.		• •		NONE	NONE	NON
2 Total number of individuals (including but no	limited to th	inse li	etar	l ab	00.60) who	P	4,482,936.	NONE	245,857
Did the organization list any former off employee on line 1a? If "Yes," complete Scheen	cer, director	or h indi	trus vidu	stee	2 e, k	ey e	mpi	oyee, or highest	compensated	Yes No
For any individual listed on line 1a, is the organization and related organizations g individual	reater than	\$150	J,00	07	lf .	"Yes,	" c	omplete Schedule	J for such	4
Did any person listed on line 1a receive of for services rendered to the organization? If "Section B. Independent Contractors	es," complete	pens Sche	atio edul	n fr e J	om for s	any such p	unre <i>ers</i>	elated organization	n or individual	5
Complete this table for your five highest cor compensation from the organization. Report year.	npensated in compensatio	deper	nder the	nt c	ontr enda	actor ar yea	s th	at received more nding with or withi	than \$100,000 of n the organization	's tax
(A) Name and business ad	dress							(B) Description of serv	vices Co	(C) ompensation
Total number of independent contractors (i more than \$100,000 in compensation from the	<u>ie organizatio</u>	not on ▶	limi	ted	to	those	lis	ted above) who r	eceived	

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Section A. Officers, Directors, Tr	ustees, Ke	ey En	nplo	уе	es,	and	Hig	hest Compensat	ted Employees (continued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do	not c unle	Pos heck ss pe	C) sition mor erson		one an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(26) WINNIFER THOMAS-COX	2 55					afted	L_			
DIRECTOR	0.75 0.25	x			İ			310375		-
(27) ALICEN BLAIR	0.75						_	NONE	NONE	NON
DIRECTOR	0.25	_ x						NONE	NONE	37037
(28) MICHELLE JACKSON	0.75							210211	NONE	NON!
DIRECTOR	0.25	Х						NONE	NONE	NONI
								:		-
		,			-		-,			
								-		
								·		
									-	
				_		 -				
c Total from continuation sheets to Part VII, Sed Total (add lines 1b and 1c) Total number of individuals (including but not line reportable compensation from the organization)	ection A						► rec	ceived more than \$	5100,000 of	
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu	er director	, or	trus	stee	, k	еу ө	mplo	oyee, or highest	compensated	Yes No
4 For any individual listed on line 1a, is the s organization and related organizations gre individual	um of repo ater than	ortable \$150	e cc 0,00	omp 0?	ens If	ation <i>"Yes</i> ,	and " co	d other compenso complete Schedule	J for such	3 X
5 Did any person listed on line 1a receive or a for services rendered to the organization? If "Yes Section B. Independent Contractors	accrue com s," complete	pens Sche	atio edule	n fr	om for s	any i	unre erse	elated organization	n or individual	4 X X X
										 .
1 Complete this table for your five highest comp compensation from the organization. Report co year.	ensated incompensation	deper n for t	iden ihe d	nt co cale	ontr enda	actor: ir yea	s tha ren	at received more adding with or within	than \$100,000 of n the organization	's tax
(A) Name and business addre		-		-				(B) Description of serv	vices Co	(C)
REPUBLIC SERVICES PO BOX 9001099 LC	UISVILL	E, K	Υ 4	102	90		Т	RASH	——————————————————————————————————————	4,136,887.
PEOPLEREADY PO BOX 740435 ATLANTA,	GA 3037	4			_		T	EMP STAFFING		3,606,648.
TRUIST BANKCARD PO BOX 791250 BALTI	MORE, M	D 21	279)			M	ERCHANT SERV	ICES	1,662,563.
UKG GROUP INC PO BOX 930953 ATLANTA INGLES MARKET INC PO BOX 6676 ASHEV	GA 31:	<u> 193</u>	01 -					AYROLL		1,383,692.
2 Total number of independent contractors (inc	ludina hut	not l	<u>ت±0</u> اm∺	ام ا	to	fhace	L.	ANDLORD		1,252,787.
more than \$100,000 in compensation from the	organizatio	n ▶	mil	.eu	w	เกอริย		ed above) who r 45	eceived	

Part VIII Statement of Revenue

	<u></u>			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512-5
Contributions, Giffs, Grants,	2 1a	14	144,745.	- "			
Sra	ē } t	1D					1
S,	₹ °		220,164.				
三	E C	<u> </u>					
ń.	֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	Government grants (contributions) 1e	4,725,069.				
ij	ַב <u></u>	All other contributions, gifts, grants, and similar amounts not included above - 1f					
ng:	Ĭ ,		169,221,414.				
받	9	lines 1a-1f 1g	r 105 340 400				
ပိုင်	ੂ	Total. Add lines 1a-1f		1774 044 444			
	T		Business Code	174,311,392.	·		
8	2a	REVENUE - FACILITY CONTRACTS	561720	055 005			
Program Service	<u></u>	REVENUE - VOCATIONAL SERVICES	624310	955,925.	955,925.		<u> </u>
Š	- C		924510	425,777.	425,777.		
and a	d			·			
90	- -			·		· · · · · · · · · · · · · · · · · · ·	
چ	f	All other program service revenue	-			<u></u>	
	g			1,381,702.		<u> </u>	
	3	Investment income (including dividends,	interest and	-700271021			
		other similar amounts)		713,522.			740
	4	Income from investment of tax-exempt bond	proceeds .	NONE		 	713,52
	5	Royalties	<u> </u>	NONE	-		
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b				4	
	C	Rental income or (loss) 6c NONE					
	d	Net rental income or (loss)		NONE			<u> </u>
	7 a	Gross amount from (I) Securities	(ii) Other			<u> </u>	
		sales of assets				٠.	
		other than inventory 7a 26,617,555.	11,729.				
Jue	b	Less: cost or other basis					
ě.	1	and sales expenses - 7b 26,222,272.		ŀ			
Other Revenue	C	Gain or (loss)					
her	<u>"</u>	Net gain or (loss)		407,012.			407,012
ᅙ	8a	Gross income from fundraising	:				
	l	events (not including \$220,164.					
		of contributions reported on line	100			•	
	١	1c). See Part IV, line 18 8a	198,836.		. *		
	b b	Less: direct expenses 8b Net income or (loss) from fundraising events	197,645.				
	9a	_	• • • • • • • • • • • • • • • • • • • •	1,191.			1,191
	Ja	Gross income from gaming activities. See Part IV, line 19 9a	Motor				
	b	activities. See Part IV, line 19 9a Less: direct expenses 9b	NONE	ľ			
	C	Net income or (loss) from gaming activities.					
	10a	_		NONE			<u> </u>
		Gross sales of inventory, less returns and allowances	3,413,252.				
	ь	Less: cost of goods sold	1,912,949.		ĺ		
	C	Net income or (loss) from sales of inventory.		1,500,303.			
ın.			Business Code	2,300,303,			1,500,303
Miscellaneous Revenue	11a	ADMINISTRATIVE FEES		960,000.	960 000	·	
ลก วิกน	b	OTHER INCOME		290,000.	960,000.		
e Xe	c			250,000.	290,000.		
<u> </u>	d	All other revenue					
=	e	Total. Add lines 11a-11d		1,250,000.			
	12	Total revenue. See instructions		179,565,122.	2,631,702.		
					Z + D 5 L + 7H Z - L		2,622,028

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (A) Total expenses (B) Program service expenses (C) Management and (D) Fundraising 8b, 9b, and 10b of Part VIII. general expenses 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 22 500,000. 500,000. 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 2,601,362. 2,315,212. 260,136. 26,014. 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 79,652,936. 70,891,113. 7,965,294. 796,529. 8 Pension plan accruals and contributions (include 1,687,190. 1,501,599. 168,719. 16,872. section 401(k) and 403(b) employer contributions) 5,323,175. 4,684,394. 585,549. 53,232. 5,872,458. 5,313,908. 502,925. 55,625. Fees for services (nonemployees): a Management NONE 103,210. 103,210. c Accounting 206,714. 206,714. d Lobbying NONE e Professional fundralsing services. See Part IV, line 17. NONE f Investment management fees 437,241. 437,241. 9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) 9,394,398 8,172,703. 1,074,368. 147,327. 12 Advertising and promotion 2,192,179 2,023,403. 168,776. 6,672,535 6,668,172. 4,363. 14 Information technology...... 2,449,613. <u>2,001,385</u>. 431,070. 17,158. 15 Royalties NONE 16 Occupancy 37,084,806. 37,075,691. 9,115. 2,360,749 2,276,122. 83,913. 714. Payments of travel or entertainment expenses for any federal, state, or local public officials NONE Conferences, conventions, and meetings 19 NONE Interest 1,944,290 1,944,290. NONE Depreciation, depletion, and amortization 6,562,437. 6,110,671 451,766. 23 457,965 415,871 42,094. 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.) a MERCHANT FEES/BANK CHARGES 3,480,191 2,779,532. 700,659. b DUES & SUBSCRIPTIONS 658,388 363,846. 258,926 35,616. c BAD DEBTS 622,312 622,312. d OTHER EXPENSES 2,013,217. 1,822,645. 67,675 122,897. e All other expenses 25 Total functional expenses. Add lines 1 through 24e 172,277,366. 157,482,869. 13,509,035. Joint costs. Complete this line only if the organization reported in column (B) joint costs 1,285,462. from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

JSA 2E1052 1.000

Form 990 (2022)

Part X Balance Sheet

	Check if Schedule O contains a response or note to any line in this P	(A)		(B)
1	Cash - non-interest-bearing	Beginning of year	<u> </u>	End of year
2	Savings and temporary cash investments.	11,988,832.		2,667,880
3	Pledges and grants receivable not	NONE		NO
4	Pledges and grants receivable, net	NONE		NO
5	Accounts receivable, net	9,501,293.	4	6,276,33
ľ	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
6	controlled entity or family member of any of these persons	NONE	5	NO
"	Loans and other receivables from other disqualified persons (as defined			
۱ ـ	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	NONE	6	NC
7	Notes and loans receivable, net	6,648,000.	7	6,648,00
8	Inventories for sale or use	3,365,627.	8	4,113,92
9	Prepaid expenses and deferred charges	3,443,786.	9	1,467,11
108	Land, buildings, and equipment: cost or other			
١.	basis. Complete Part VI of Schedule D 10a 276, 495, 430.			
l k	Less: accumulated depreciation	165,940,294.	100	150,525,85
11	Investments - publicly traded securities.	88,023,025.	11	98,218,24
12	Investments - other securities. See Part IV, line 11	50,616,934.	12	45,428,60
13	Investments - program-related. See Part IV, line 11.	NONE		
14	Intangible assets.	NONE		NC NC
15	Other assets. See Part IV, line 11	894,318.		NC 164 05
16	Total assets. Add lines 1 through 15 (must equal line 33)	340,422,109.		6,164,95
17	Accounts payable and accrued expenses.	132,931,443.	_	321,510,92
18	Grants payable		17	101,911,23
19	Deferred revenue	NONE		NO
20	Tax-exempt bond liabilities	623,104.	19_	1,578,80
21	Escrow or custodial account liability. Complete Part IV of Schedule D	21,662,639.	20	19,899,67
22	Loans and other payables to any current or former officer, director,	NONE	21	NO
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		- 1	
23	Secured mortgages and notes payable to unrelated third parties	NONE	22	NO.
24	Unsecured notes and loans payable to unrelated third parties	NONE NONE	23	NO
25	Other liabilities (including fodoral income tour parties.	19,687,171.	24	17,236,03
~~	Other liabilities (including federal income tax, payables to related third			· · · · · · · · · · · · · · · · · · ·
	parties, and other liabilities not included on lines 17-24). Complete Part X		ļ	
26	of Schedule D	9,826,307.	25	9,861,29
20	Total liabilities. Add lines 17 through 25.	184,730,664.	26	150,487,053
	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.		T	
27		•	Į	4 · · · · · · · · · · · · · · · · · · ·
21 28	Net assets without donor restrictions.	154,987,157.	27	<u>170,311,599</u>
40	Net assets with donor restrictions.	704,288.	28	712,268
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			, 127200
29	Capital stock or trust principal, or current funds		20	
30	Paid-in or capital surplus, or land, building, or equipment fund		29	
31	Retained earnings, endowment, accumulated income, or other funds		30	
32	Total net assets or fund balances	155 66:	31	
33	Total liabilities and net assets/fund balances.		32	171,023,867
	and not doboto/jund paid/f065,	340,422,109.	33	321,510,920

Form **990** (2022)

Form 9	90 (2022)				_	40
Part	XI Reconciliation of Net Assets				Pa	age 12
	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	1	70 5		122
2	Total expenses (must equal Part IX, column (A), line 25)	2				$\frac{144}{366}$
3	Revenue less expenses. Subtract line 2 from line 1	3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1 1			756 445
5	Net unrealized gains (losses) on investments	5	<u> </u>			$\frac{445}{191}$
6	Donated services and use of facilities	6	-	0,0	117,	<u> 191</u>
7	Investment expenses	7				
8	Prior period adjustments	8	 	_		
9	Other changes in net assets or fund balances (explain on Schedule O).	9			7/	525
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X. line	<u> </u>			14,	<u> </u>
	32, column (B))	10] 1-	71 (123	<u>8</u> 67
Part	Financial Statements and Reporting					007
	Check if Schedule O contains a response or note to any line in this Part XII					Γ
					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," e	xplain	on	Ī		
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were co	mpiled	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aug	lited o	n a			
	acparate basis, consolidated basis, or potin:					
	Separate basis X Consolidated basis Both consolidated and separate basis			Ī	•	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent account	ant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year.	explain	on			
_	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	orth in	the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not un	derac	the		-	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udite		35	v	

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.

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047 Inspection

COODWITT	T OF MODELL CEORS					Employer ident	ification number
Part I	L OF NORTH GEORG	IA, INC.	11			20-	<u>835</u> 1046
	Reason for Public C	marity Status. (A	ii organizations mu	st comp	iete this	part.) See instruction	ns.
1 A	zation is not a private fo	unuation pecause	It is: (For lines 1 thro	ugh 12, c	check onl	y one box.)	
2 A	church, convention of cl	flurches, or associ	ation of churches des	scribed in	section	170(b)(1)(A)(i).	
$\frac{1}{3}$	school described in sec	non 170(b)(1)(A)(i	i). (Attach Schedule I	∃ (Form 9	990).)		
4 H A	hospital or a cooperative	e nospital service	organization describe	d in secti	on 170(k	o)(1)(A)(iii).	
* L ^	medical research organ	ization operated in	i conjunction with a h	ospital d	escribed	in section 170(b)(1)(#	ا)(iii). Enter the
119	popitaro Harrie, Gily, arig :	siaie;					
٠ ــــــ ٢	n organization operated	Committee benefit of	r a college or univers	sity owne	ed or op	erated by a governm	ental unit described in
	, , , , , , , , , , , , , , , , , , , ,	complete Part II.)					
7 × A	federal, state, or local g	overnment or gov	ernmental unit describ	ed in sec	tion 170)(b)(1)(A)(v).	
, [_Q, _	n organization that norm	lally receives a st	ibstantial part of its a	support f	rom a g	overnmental unit or fi	rom the general public
~	Sourced III Section 140/r	ης ης Α γίνης (Comp	Diete Part II.)				,
9 A	community trust describ	ed in section 170((b)(1)(A)(vi). (Comple	te Part II.)		
ر ا	n agricultural research or	rganization describ	ped in section 170(b)((1)(A)(ix)	operate	d in conjunction with a	a land-grant college
VI.	university or a non-land	-grant college of a	igriculture (see instru	ctions). E	nter the	name, city, and state of	of the college or
ui	nversky.						
re	n organization that norma ceipts from activities rela	ally receives (1) m ated to its exempt	ore than 331/3 % of its	s suppor	t from co	ontributions, members	hip fees, and gross
su	pport from gross investr	nent income and i	involoted business to	sould be the	woobrion	o, and (z) no more tha	in 331/3 % of its
							ii busiiiesses
12 Ar	organization organized	and operated exc	lusively to test for pub	olic safety	. See se	ction 509(a)(4).	
12 AI	n organization organized	and operated excit	usively for the benefit	of, to pe	rform the	functions of, or to ca	rry out the purposes of
O.	ic or more hangers subble	mieu organizations	described in section	509(a)/4	I) or each	Hon 600/a)/2) Cas	-41. 5554 3465 55.
a []	box on lines 12a through	gn iza mar descri	bes the type of suppo	orting org	anizatio	n and complete lines 1	12e, 12f, and 12g.
a	Type I. A supporting org	anization operated	d, supervised, or conf	trolled by	its supp	oorted organization(s),	typically by giving
,	ne supported organization	on(s) the power to	regularly appoint or a	elect a m	iajority o	f the directors or truste	ees of the
ь 🗀 :	supporting organization.	Tou must comple	te Part IV, Sections	4 and B.			
	Type II. A supporting org	janization supervis	sed or controlled in co	onnectio	n with its	s supported organizat	ion(s), by having
`	one of management	or the supporting (organization vested in	the san	ne perso	ns that control or mar	nage the supported
_ c ☐]	organization(s). You mus	t complete Part IV	, Sections A and C.				
· · · · · · · · · · · · · · · · · · ·	Type III functionally inte	grated. A support	ing organization oper	ated in c	onnectio	n with, and functiona	lly integrated with,
d 🗔	ts supported organization	i(s) (see instruction	18). You must compl	ete Part	IV, Secti	ons A, D, and E.	
· · · · · · · · · · · · · · · · · · ·	Type III non-functionally	integrated. A sup	porting organization	operated	in conn	ection with its suppor	ted organization(s)
r	hat is not functionally into	egiated. The orga	nization generally mu	st satisfy	/ a distrik	oution requirement and	d an attentiveness
• [c	equirement (see instruct	nois). Tou must co	omplete Part IV, Sec	tions A a	ınd D, an	d Part V.	
٠ ـــــا ٠	Sheck this box if the orga	: Type III non fyrai	a written determination	on from t	he IRS t	hat it is a Type I, Type I	II, Type III
f Enter	unctionally integrated, or the number of supported	i ype ili non-jungi Lorganizatione	tionally integrated sur	pporting (organiza	tion.	
g Provid	e the following information	on about the sunn	orted organization(s)		• • • •		
(i) Name	of supported organization	(ii) EIN	(III) Type of organization	/t-A 1- 14			
		(-7	(described on lines 1-10	listed in yo	organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))	docu	ment?	Instructions)	instructions)
(8)		· · · · · · · · · · · · · · · · · · ·		Yes	No		
(A)							
(B)	1			 			
(B)							
(C)			-	 		-	
(C)							
(D)		· · · · · · · · · · · · · · · · · · ·		 		<u> </u>	
_/					ĺ		
(E)	-						
F							
Total		* *	·			· · · · · · · · · · · · · · · · · · ·	
				1			

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 145,802,863 127, 404, 463. 173,032,474 166,423,753. 174,311,392 786,974,945. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf NONE The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3..... 127,404,463. 145,802,863 173,032,474. 166,423,753 174,311,392. 786,974,945. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). NONE Public support. Subtract line 5 from line 4 786,974,945. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Amounts from line 4 145,802,863 127,404,463 173,032,474. 166,423,753, 174,311,392 786,974<u>,94</u>5. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 1,297,971. 917,756. 565,823 291,943 713,522. 3,787,015. Net income from unrelated business activities, whether or not the business NONE 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 1,250,000 5,141,027. 11 Total support. Add lines 7 through 10 . . . 795,902,987. 12 12,172,404. First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 98.88 % 16a 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3 % support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization..... b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization..... Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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.)

Se	ction A. Public Support			o.o., piedeo e	omplete Part	11.)	
Cal	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(1) 0000	· · · · · · · · · · · · · · · · · · ·
1	_ ·		(0)1000	(0) 2020	(u) 2021	(e) 2022	(f) Total
	received. (Do not include any "unusual grants.")	1		1			
2	Gross receipts from admissions, merchandise			<u> </u>			
	sold or services performed, or facilities						1
	furnished in any activity that is related to the			i			
	organization's tax-exempt purpose						ĺ
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		<u> </u>			 	
	furnished by a governmental unit to the						
	organization without charge	I					
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						· <u></u>
	received from disqualified persons						
b	Amounts included on lines 2 and 3					ļ	
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(6) 2022	45 T ()
9	Amounts from line 6.		· · · · · · · · · · · · · · · · · · ·	(-)	(u) 2021	(e) 2022	(f) Total
10 a	Gross income from interest, dividends.		-				
	payments received on securities loans, rents, royalties, and income from similar	,					
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b	-					
11	Net income from unrelated business						
	activities not included on line 10b, whether					ļ	
	or not the business is regularly carried on.					İ	
12	Other income. Do not include gain or			*			-
	loss from the sale of capital assets			i			
	(Explain in Part VI.)		1			i	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for organization check this box and stop bore	the organizatio	n's first, second	, third, fourth.	or fifth tax vea	er as a section	501/0\/2\
	organization, oncok una box and stop nere.				• • • • • • • • •	ac a section	501(6)(3)
ect	or in a supplemental or supplemental or in a supplemental or in a supplemental or in a s	on rencentat	16				
5	Public support percentage for 2022 (line 8,	column (f), divide	d by line 13, colum	nn (f))		15	%
ь	Public support percentage from 2021 Sched	lule A, Part III, line	9 15	<u> </u>	<u>.</u>	16	%
CC	ton D. Computation of investment	Income Perce	entage		·		
7	Investment income percentage for 2022 (line	e 10c, column (f), divided by line 1:	3, column (f))		17	%
0	investment income percentage from 2021 Si	chedule A. Part II	II. line 17		F	40	
20	as us we subbout fests + 2055. If the old	ianization did no	t check the hox	on line 14 and	d lina 16 in ma	re than 331/3 %.	
	The first more than 331/3 %, check this	pox and stop	here. The organi	zation qualifice s	سيم بالمثلطيية م عد		
••	on the te ambhour rests . Total. If the Oldal	nization did not	Check a box on i	ine 14 or lina 10	an and line to t		
	mio to io not more than 551/3 %, CHECK (ins box and sto	o o here. The ora:	anization qualifies	e ac a publiche a		🖂
0 SA	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b,	check this box	and see instruc	tions .
1221	1.000 PUB	LIC IN:	SPECT		ODV		(Form 990) 2022

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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
----------------	------------	----------------------

			Voc	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	163	INC
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).	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.	3a	<u> </u>	
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.	3b		
С	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.	3c	_	
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.	4a		<u> </u>
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.	4b		_
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.	4c	-	_
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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5a 5b		
6		5c		
٠	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	ł I		
	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.		i	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
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).	8		•
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 .	9a		
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.	9b	-	
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 4043 because of action	9c		
L	supporting organizations)? If "Yes," answer line 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		7 1	

determine whether the organization had excess business holdings.)

have engaged in these activities but for the organization's involvement.

Parent of Supported Organizations. Answer lines 3a and 3b below.

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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? If "Yes" or "No," provide details in Part VI.

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

<u>2</u>b

3a

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rganization	e	Page (
1 Last Check here if the organization satisfied the Integral Part Test as a quali	ifving trust or	Nov. 20, 4070 (ave./-	to to 5 415 5
instructions. All other Type III non-functionally integrated supporting org	nying trust of Danizations i	nuv. 20, 1970 (expia nust complete Sectic	IN IN Part VI). See
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	**	(optional)
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	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	<u>.</u>	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		<u> </u>	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		-
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		 -
3 Subtract line 2 from line 1d.	3	 	
4 Cash deemed held for exempt use. Enter 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 Recoveries of prior-year distributions	7	· · · · · · · · · · · · · · · · · · ·	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 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 Income tax imposed in prior year	5		+
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
			<u> </u>
7 Lagrangian Check here if the current year is the organization's first as a non-function (see instructions).	nally integra	tea Type III supporting	organization

Schedule A (Form 990) 2022

Par		Supporting Organiza	tions (continued)		Page I
	CION D - DISTRIBUTIONS		(======		Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		1	Our till Tear
2	Amounts paid to perform activity that directly furthers exe	mpt purposes of suppor	ted	╁┼	
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported organi	zations	3	· · · · · · · · · · · · · · · · · · ·
	Amounts paid to acquire exempt-use assets	-		4	
5_	Qualified set-aside amounts (prior IRS approval required - I	provide details in Part VI)		5	· ,, ,, ,,
6_	Other distributions (describe in Part VI). See instructions.	<u>, , , , , , , , , , , , , , , , , , , </u>	-	6	
	Total annual distributions. Add lines 1 through 6.		· · · · · · · · · · · · · · · · · · ·	7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	<u> </u>	
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(II) Underdistribution Pre-2022	ns	(lii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			$\neg \uparrow$	
2	Underdistributions, if any, for years prior to 2022			_	
	(reasonable cause required - explain in Part VI). See				•
3	instructions.	·			-
	Excess distributions carryover, if any, to 2022				
<u>a</u> b	From 2017				
	From 2018				
d	From 2020				
ч е	From 2020				
c	Total of lines 3a through 3e			\bot	
g	Applied to underdistributions of prior years				
<u>ş_</u>	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
ī	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from				
	Section D, line 7:				
а	Applied to underdistributions of prior years			-	
b	Applied to 2022 distributable amount	<u> </u>			
С	Remainder. Subtract lines 4a and 4b from line 4.		·		
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h		-	_	
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See Instructions.				
7	Excess distributions carryover to 2023. Add lines 3j			-+	
	and 4c.				
8	Breakdown of line 7:			\dashv	
a	Excess from 2018			+	
b	Excess from 2019			-+	
С	Excess from 2020	-		+	-
đ	Excess from 2021			\dashv	
e	Excess from 2022			+	
	· · · · · · · · · · · · · · · · · · ·				

Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number GOODWILL OF NORTH GEORGIA, INC 20-8351046 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year). Aggregate value of grants from (during year) . . . 3 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?..... Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. 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 easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not on 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 ___ 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, 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 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) R 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:

Sch	edule D (Form 990) 2022 GO(DDWILL OF NORT	H GEORGIA, IN	IC.		20-8351	046	Page 2
P	art Organizations Maintain	ing Collections of	f Art, Historical Ti	reasures. o	r Other Similar	Assets (confi	inued)	
3	Using the organization's acquisiti	on, accession, and	other records, che	ck any of th	e following that	make significa	int liee	of ite
	collection items (check all that app	oly):		•		mane organito	iii asc	VI ILO
a	Public exhibition		d Loar	or exchange	e program			
b			e 🔲 Othe	r	, 0			
C								
4	Provide a description of the orga	nization's collection	s and explain how	they furthe	r the organizatio	n's exempt pur	roose i	n Part
	XIII.						p 000 11	
5	During the year, did the organization	on solicit or receive	donations of art, his	torical treas	ures, or other sim	ilar		
	assets to be sold to raise funds rat	her than to be maint	ained as part of the	organizatio	n's collection?	🗀 Y	res 🗀	No
P	Escrow and Custodial A	rrangements.						
	Complete if the organiza	ation answered "Y	es" on Form 990,	Part IV, line	9, or reported	an amount or	ı Form	ı
_	990, Part A, line 21.							
1a	Is the organization an agent, trus	stee, custodian or c	other intermediary	for contribut	tions or other as	sets not		
	included on Form 990, Part X?						res 🗀	No
b	If "Yes," explain the arrangement i	in Part XIII and com	plete the following to	able:	_			
						Amount		
C	Beginning balance			1c				
a	Additions during the year			1d				
6	Distributions during the year			1e				
f	Ending balance	• • • • • • • • • •		<u>1f</u>				
Za h	Did the organization include an am	ount on Form 990,	Part X, line 21, for	escrow or co	ustodial account l	iability?	'es	No
D	If "Yes," explain the arrangement int V Endowment Funds.	n Part XIII. Check h	ere if the explanatio	n has been p	rovided on Part X	<u>III</u>		
Fa		tion analysis of W.	!! 000	.				
	Complete if the organiza							
		(a) Current year	(b) Prior year	(c) Two yea	rs back (d) Three	years back (e) F	our years	s back
-	Beginning of year balance	704,288.	1,190,291.	657,	791.	657,791.	657,	791.
b	Contributions	196,868.	46,437.	532,	500.			
¢	Net investment earnings, gains,					ļ		
	and losses			118,	000.	16,000.	38,	000.
	Grants or scholarships	·····	, <u>, , , , , , , , , , , , , , , , , , ,</u>	<u> </u>				
е	Other expenditures for facilities	100.000						
	and programs	188,888.	532,440.	118,6	000.	16,000.	38,	000.
t -	Administrative expenses	710 000		 -				
g	End of year balance	712,268.	704,288.	1,190,2		557,791.	657,	791.
2 a	Provide the estimated percentage Board designated or quasi-endown	of the current year	end balance (line 1g	, column (a))	held as:			
b	Permanent endowment 92.35		%					
	Term endowment 7.6500 %	00 /6						
•	The percentages on lines 2a, 2b, a	nd 2c should equal :	100%					
3a	Are there endowment funds not in	the presention of the	100 /6. 10 Organization that	h-l-l	4.1.1.4			
	organization by:	ine possession of the	ie organization that	are nelu an	a administered to	r the	130	
	(i) Unrelated organizations	_				ſ 	Yes	No
	(ii) Related organizations					3a(X
b	If "Yes" on line 3a(ii), are the relate	d organizations liste	d as required on Sch	odulo D2	* * * * * * * * * *	3a(_	<u>X</u>
4	Describe in Part XIII the intended u	ses of the organizat	tion's endowment fu	nde	* * * * * * * * * *	<u>3b</u>		Щ.
Pa	TAVE Land Buildings and Fou	inment						
	Complete if the organiza	ition answered "Ye	es" on Form 990,	Part IV, line	11a. See Form	1 990, Part X.	line 10)_
	Description of property	(a) Cost or (invest	other basis (b) Cost	or other basis 📗	(c) Accumulated	(d) Bool		
1a	Land			other) 668,147.	depreciation		F.C.0	
	Buildings			54,757.	17,209,279.		568,1	
	Leasehold improvements			36, 935.	28,907,449.		545,4	
	Equipment			89,321.	28,907,449. 17,712,723.		529,4	
е	Other		139.3	46 270	62 140 124		676,5	
Total	l. Add lines 1a through 1e. (Column	(d) must equal Form	1 990, Part X. colum	n (B) line 10			206 <u>, 1</u>	
		, , , , , , , , , , , , , , , , , , , ,		י ניטן, וווופ וע	c.)	150,	525,8	<u>55.</u>

	Investments - Other Securities.		
	Complete if the organization answere		Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	al derivatives		
	held equity interests		
_Other)	EY MARKET	175 110	
	ERNATIVE INVESTMENTS	475,413.	COST
(C)	PINTER INVESTMENTS	44,953,188.	FMV
(D)			
(E)			
(F)			
(G)			
(H)			
	n (b) must equal Form 990, Part X, col. (B) line 12.)	45,428,601.	
Part VIII	Investments - Program Related.		
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:
(1)			Cost or end-of-year market value
(2)			4
(3)	196		
(4)	-		
(5)			
(6)			
(7)			
(8)			
(9)			
	(b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.		
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11d. See Form 990, Part X, line 15.
	(-) D		
(1)	(a) De	scription	(b) Book value
	(a) De	scription	
(2)	(a) De	scription	
(2) (3)	(a) De	scription	
(2) (3) (4)	(a) De	scription	
(2) (3) (4) (5)	(a) De	scription	
(2) (3) (4) (5) (6) (7)	(a) De	scription	
(2) (3) (4) (5) (6) (7)	(a) De	scription	
(2) (3) (4) (5) (6) (7) (8) (9)	(a) De	scription	
(2) (3) (4) (5) (6) (7) (8) (9)	(a) De	scription	
(2) (3) (4) (5) (6) (7) (8) (9)	(a) De (in)	ine 15.)	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Colu	mn (b) must equal Form 990, Part X, col. (B) I. Other Liabilities. Complete if the organization answered line 25.	ine 15.)	Part IV, line 11e or 11f. See Form 990, Part X,
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) I. Other Liabilities. Complete if the organization answered line 25.	ine 15.)	(b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation X	(a) Descrip	ine 15.)	Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columnation X (1) Federa (2)OTHER (3)	(a) Descripal income taxes	ine 15.)	Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Columnation (Colu	(a) Descripal income taxes	ine 15.)	Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) (otal. (Columerat X) (1) Federat (2)OTHER (3) (4) (5)	(a) Descripal income taxes	ine 15.)	Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Columerat X (1) Federal (2)OTHER (3) (4) (5) (6)	(a) Descripal income taxes	ine 15.)	Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnat X (1) Federa (2)OTHER (3) (4) (5)	(a) Descripal income taxes	ine 15.)	Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnat X (2)OTHER (3) (4) (5) (6) (7) (8)	(a) Descripal income taxes	ine 15.)	Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value
(2) (3) (4) (5) (6) (7) (8) (9) otal. (Columnat X (2)OTHER (3) (4) (5) (6) (7) (8) (9)	(a) December (b) must equal Form 990, Part X, col. (B) If Other Liabilities. Complete if the organization answered line 25. (a) Descripal income taxes LIABILITIES	ine 15.)	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value 9,861,293
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnia) (2)OTHER (3) (4) (5) (6) (7) (8) (9) otal. (Columnia)	(a) Descriped in the interest of the control of the	ine 15.)	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value 9, 861, 293
(2) (3) (4) (5) (6) (7) (8) (9) Cotal. (Column (2)OTHER (3) (4) (5) (6) (7) (8) (9) Otal. (Column Liability for	(a) Descriped in the interest of the part X, col. (B) line 25. (a) Descriped income taxes LIABILITIES (b) must equal Form 990, Part X, col. (B) line 25. uncertain tax positions. In Part XIII, provide the	ine 15.). I "Yes" on Form 990, I tion of liability	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value 9, 861, 293
. (1) Federa (2)OTHER (3) (4) (5) (6) (7) (8) (9) otal. (Column	(a) December (b) must equal Form 990, Part X, col. (B) In Other Liabilities. Complete if the organization answered line 25. (a) Descriptal income taxes LIABILITIES In (b) must equal Form 990, Part X, col. (B) line 25.), and the uncertain tax positions. In Part XIII, provide the liability for uncertain tax positions under FASB A	ine 15.). I "Yes" on Form 990, I tion of liability	(b) Book value Part IV, line 11e or 11f. See Form 990, Part X, (b) Book value 9,861,293 9,861,293 e organization's financial statements that reports the attext of the footnote has been provided in Part XIII.

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 2020 THROUGH 2023. 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, 2023 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.

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.

Open to Public Inspection Employer identification number

GOO	DWILL OF NORTH GEORGIA	, INC.			20-835104	16
Par	General Information of Form 990, Part IV, line 14	on Activities b.	Outside the	United States, Comple	ete if the organization a	inswered "Yes" or
1	For grantmakers. Does the or other assistance, the grantees' award the grants or assistance?	eligibility for	the grants or	assistance, and the select	tion criteria used to	Yes No
2	For grantmakers. Describe in outside the United States.					d other assistance
3	Activities per Region. (The follow (a) Region	wing Part I, line (b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	e duplicated if additional sp (d) Activities conducted in the region (by lype) (such as, fundraising, program services, investments, grants to recipients located in the region)	ace is needed.) (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1)	CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS		10,131,936.
(2)						
(3)					<u> </u>	
(4)						
(5)	And the second s					
(6)						
(7)						
(8)						
(9)						
(10)	774					
(11)						
(12)	· ·					
(13)						
(14)						
(15)						
(16)						
(17)						
3a b	Subtotal Total from continuation sheets to Part I	NONE	NONE			10,131,936.
С		NONE	NONE	ATT ATT ATT ATT ATT ATT ATT ATT ATT ATT		10,131,936.

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

Schedule F (Form 990) 2022

20-8351046

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

o n	(16)	(15)	(14)	(13)	(12)	(11)	(10)	(9)	(8)	(7)	(6)	(5)	(4)	(3)	(2)	(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)

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

Schedule F (Form 990) 2022

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(17) (18)(16) (15) (14) (13) (11) (12) (10) Schedule F (Form 990) 2022 GOODWILL OF NORTH GEORGIA, INC. 20-8351046

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. <u>⊚</u> 3 (9) 3 9 (5) **£** 2 3 (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)

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 Instructions for Form 5713; don't file with Form 990)	<u> </u>	Yes	X No

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

COOL	OF THE ORGANIZATION					Employer identification	on number
GOOL	OWILL OF NORTH GEORGIA, IN	VC.				20-835104	16
Part		plete if the organ	nization a	nswered "	Yes" on Form 99	90, Part IV, line 1	7.
	Form 990-EZ lilers are not r	equirea to comple	ete this pa	art.			
1	Indicate whether the organization ra	ised funds through	any of the	following	activities. Check a	all that apply.	
а	Mail solicitations	е	Soli	citation of i	non-government g	ırants	
b	Internet and email solicitations	f	Soli-	citation of	government grant	S	
C	Phone solicitations	g	Spe	cial fundra	ising events		
d	In-person solicitations						
	Did the organization have a written or key employees listed in Form 990 If "Yes," list the 10 highest paid ind compensated at least \$5,000 by the	י, רמת אוו) or entity ividuals or entities	in connec	etion with n	rofaccional fundra	inina	Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(II) Activity	custody	ndraiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vI) Amount paid to (or retained by)
			Yes	No	<u>, , , , , , , , , , , , , , , , , , , </u>	col. (i)	organization
1					i		
2			-	<u> </u>			
3		·	 		10.	<u> </u>	
4				-			
5							
6			 				
7							
8							
9							
10							****
اد	List all states in which the organizategistration or licensing.	ion is registered o	r licensed	to solicit	contributions or f	nas been notified	it is exempt from
			_				
-		····					
			·	·		-	
		···			, , , , , , , , , , , , , , , , , , ,		
							

Schedule G (Form 990) 2022 GOODWILL OF NORTH GEORGIA, INC. 20-8351046 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) GALA NONE (event type) (event type) (total number)

Revenue 1 Gross receipts 419,000. 419,000. 2 Less: Contributions 220,164. 220,164. 3 Gross income (line 1 minus 198,836. <u>19</u>8,836. 10,000. 10,000. 5 Noncash prizes Direct Expenses 6 Rent/facility costs _____ 61,067. 61,067. 124,078. 8 Entertainment 2,500. 2,500. 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 197,645. 11 Net income summary. Subtract line 10 from line 3, column (d) 1,191. Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. Revenue (b) Pull tabs/instant (d) Total gaming (add col. (a) through col. (c)) (a) Bingo (c) Other gaming bingo/progressive bingo Direct Expenses 2 Cash prizes 4 Rent/facility costs 5 Other direct expenses..... Yes 6 Volunteer labor No 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: 9 Is the organization licensed to conduct gaming activities in each of these states? If "No," explain: b Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? _____ Yes ___ No 10a If "Yes," explain:

JSA 2E1282 1,000 Schedule G (Form 990) 2022

Indicate the percentage of gaming activity conducted in: The organization's facility	Yes No Yes No Yes No Yes No No
12 is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? 13 Indicate the percentage of gaming activity conducted in: 14 The organization's facility 15 An outside facility 16 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 16 If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 17 and the amount of gaming revenue retained by the third party Name ▶ Address ▶ C If "Yes," enter name and address of the third party: Name ▶ Address ▶ Description of services provided ▶ Description of services provided ▶	Yes No
formed to administer charitable gaming? \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	% %
a The organization's facility	% %
An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c if "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$. Yes No
An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c if "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$. Yes No
Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶	Yes No
Name ► Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b if "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c if "Yes," enter name and address of the third party: Name ► Address ► Gaming manager Information: Name ► Description of services provided ►	Yes No
Address ▶	Yes No
Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	Yes No
Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$	Yes No
Name Name Address Gaming manager information: Name Gaming manager compensation Description of services provided The services of the third party: Name Description of services provided The services of the third party: Name Description of services provided The services of the third party: Name Description of services provided The services of the third party:	~
Name ►	~
Address	~
Address	~
16 Gaming manager Information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶	
Gaming manager compensation ▶ \$ Description of services provided ▶	
Gaming manager compensation ▶ \$ Description of services provided ▶	
	~~
17 Mandatory distributions:	
a is the organization required under state law to make charitable distributions from the gaming proceeds to	to
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations	Voc No
or spent in the organization's own exempt activities during the tax year > \$	Voc No
Part IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), an Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	. Yes No

(Form 990) SCHEDULE!

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

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

Open to Public 2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization GOODWILL OF NORTH GEORGIA, INC.

Part I General Information on Grants and Assistance Go to www.irs.gov/Form990 for the latest information. Employer identification number 20-8351046 Inspection

2 Door #ho							
	or assistanc	e?	e grants or assist	ance, the grantees		eligibility for the grants or assistance, and	X Yes No
Πő	ures for mor	itoring the use	of grant funds in the	ne United States.			j
Fairill Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	mestic Orgat received	ganizations ar more than \$5,	nd Domestic Go ,000. Part II can	vernments. Combe duplicated if a	plete if the organization andditional space is needed.	ation answered "Y	es" on Form 990,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(0)		.,,					
(11)							
(12)		į					
1					-		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	vernment or	ganizations list	ed in the line 1 tab	le			
3 Enter total number of other organizations listed in the line 1 table	in the line 1	table				. ,	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	s for Form 99					Sch	Schedule I (Form 990) 2022

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Schedule I (Form 990) 2022

PUBLIC INSPECTION COPY

Page 2

orm 990) (2022)
GOODWILL OF NORTH GEORGIA, INC.
Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

Part IV 6 نان ا 1 RENTAL ASST **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. (a) Type of grant or assistance (b) Number of recipients 127 (c) Amount of cash grant 500,000. (d) Amount of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (f) Description of non-cash assistance

GRANTS

GRANTS ARE AWARDED BASED ON NEED.

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.lrs.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

Tax Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel	га	attentions Regarding Compensation			
First-class or charter travel Travel for companions Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as maid, chaufisur, chef)	1-	Check the appropriate back.	_	Yes	No
First-class or charter travel Housing allowance or residence for personal use Travel for companions Tax Indemnification and gross-up payments Health or social club dues or initiation fees Payments for business use of personal residence Health or social club dues or initiation fees Personal services (such as maid, chauffeur, chef)	10	One of the appropriate box(es) if the organization provided any of the following to or for a person listed on Form		T	一
Travel for companions		530, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
Traver for Companions Payments for business use of personal residence Tax indermification and gross-up payments Payments for business use of personal residence Health or social club dues or initiation foees Personal services (such as maid, chauffeur, cheft)		I I TOUGHIS GIOWANCE DI TESIDENCE IN DARAMSI NEA		İ	
Isx Indemnitication and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef)		Payments for business use of personal regidence			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payers and provision of all of the expenses described above? If "No," complete Part III to explain. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the 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 committee		I ax indemnification and gross-up payments Health or social club dues or initiation foce			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain. 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the 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. \[\text{ \text{ \text{ \text{Compensation committee}}} \] \[\text{ \te					
explain	b	If any of the boxes on line 1a are checked did the assessment of the			
2 Did the organization require substantiation prior to relimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 3 Indicate which, if any, of the following the 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					
directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? 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 Compensation committee Written employment contract X Compensation or committee Written employment contract X Compensation or committee Written employment contract X Compensation committee Written employment contract X Compensation or compensation committee Written employment contract X Compensation or compensation committee Written employment contract X Compensation or compensation committee Written employment contract X Compensation or compensation committee Written employment contract X Compensation or compensation committee Written employment contract X Compensation or compensation committee X Approval by the board or compensation committee X Approval by the board or compensation committee X Approval by the board or compensation committee X X X X X X X X X	_		1h		ļ
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	2				
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 or establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Written employment contract Written employment contract X Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation committee Approval by the board or compensation contingent on the revenues of: Approval by the board or compensation contingent on the revenues of: Approval by the board or compensation approval by the board or approval by the board or compensation approval by the board or compensation contingent on the revenues of: Approval by the board or compensation pay or accrue any compensation contingent on the revenues of: Approval by the board or compensation contingent on the net earnings of: Approval by the board or compensation pay or accrue any compensation contingent on the net earnings of: Approval by the board or compensation pay or accrue any compensation contingent on the net earnings of: Approval by		chectors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line	ĺ		
Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEC/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. Compensation committee			١,		
related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X	3	Indicate which, if any, of the following the organization used to establish the components and the	-		<u> </u>
X Compensation committee Written employment contract X Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee X Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee X During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filling organization or a related organization: A		Organization's CEO/Executive Director. Check all that apply Do not shook any house for well and the			
Written employment contract Written employment contract X Compensation committee X Independent compensation consultant X Compensation survey or study Approval by the board or compensation committee Approval by the board or com		related organization to establish compensation of the CEO/Executive Director, but explain in Part III			1
Independent compensation consultant		X Compensation committee Written employment contract			
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: Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Ab X 4c X Complements in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: The organization? Any related organization? 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: The organization? Any related organization? For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. Purpose on line 8, did the organization also follow the rebuttable presumption procedure described in Part III.		X Independent compensation consultant X Compensation survey or study			
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: Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? Participate in or receive payment from an equity-based compensation arrangement? At c X At C X Conly section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: The organization? If "Yes" on line 5a or 5b, describe in Part III. 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: The organization? If "Yes" on line 6a or 6b, describe in Part III. Payments not described on lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. Pures" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-8(c)? If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-8(c)?					
Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on A line 1a, did the organization provide any nonfixed payments not described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Yes "on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	4	—) i i i i i i i i i i i i i i i i i i			
Receive a severance payment or change-of-control payment? b Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? f "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 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. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Sorting and or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? For Paperwork Reduction Act Notice see the legituation for Exercises.		organization of a related organization.			
c Participate in or receive payment from a supplemental nonqualified retirement plan? c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? if "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. 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. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts exported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Yes on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	а	Receive a severance payment or change-of-control payment?	١. ا	- 1	
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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? if "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? if "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	b	T articipate in or receive payment from a supplemental nonqualified refirement plans	-		<u> X</u>
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: The organization? Any related organization? 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: The organization? Any related organization? The organization? Any related organization? 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: The organization? Any related organization? 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. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	c	Participate in or receive payment from an equity-based compensation arrangement?		_X	
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? For Paperwork Reduction Act Notice see the Instructions for Earl 200.		If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each the	4c		_X
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? For Paperwork Reduction Act Notice see the Instructions for Form 200.		part III.		.	
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? For Paperwork Reduction Act Notice see the Instructions for Form 200.		Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5.0	li	ŀ	
a The organization? b Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? For Paperwork Reduction At Notice, see the Instructions for Exemption 9	5	For persons listed on Form 990 Part VII Section A line to did the appropriate			
The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 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. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		compensation contingent on the revenues of:			
If "Yes" on line 5a or 5b, describe in Part III. 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: The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 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. Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	а	The organization?		ı	
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? For Paperwork Reduction Act Notice, see the Instructions for Form 200	b	Any related organization?	5a		X
For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 8 X For Paperwork Reduction Act Notice, see the Instructions for Form 900.		If "Yes" on line 5a or 5b, describe in Port III	5b		X
a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III. 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III. 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	6	For persons listed on Form 000, Dort VIII O. If A. III.			
a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	•	compensation contingent on the net exprises as			
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	The organization?			
If "Yes" on line 6a or 6b, describe in Part III. 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	a h	Any related arganization3	6a		Х
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	D	Any related organization (6b	<u> </u>	
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		ii res on line da di op, describe in Part III.			
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		programme mer accompose on mico o card of ill rest, nescribe in Part ill	7	χĺ	
in Part III	ď	There are a modelies reported on Form 380. Part VII. Daily of accrited nursuant to a contract that	 -+		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? For Paperwork Reduction Act Notice, see the Instructions for Form 200		to the initial contract exception described in Regulations section 53.4958-4(a)/3/2 if "You" described			
Regulations section 53.4958-6(c)?	_	1111 (2) (1)	g		v
For Paperwork Reduction Act Notice, see the Instructions for Earn 200	9	ii ies oil line o, did the ordanization also follow the reputtable presumential		-+	
For Paperwork Reduction Act Notice, see the Instructions for Form 990.		**Cognitudina section 33.4936-0(C)?	a	-	
	For Pa	perwork Reduction Act Notice, see the Instructions for Form 990.		m 000)	2000

Schedule J (Form 990) 2022

GOODWILL OF NORTH GEORGIA, INC.

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

instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. 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 Early 1000.

individual. 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

	_	(R) Rreakdown of W-2 a	adian 1000 Miso and for	1000 NEO				
(A) Name and Trie		(i) Popo	(i) Baco (ii) Danie di iuro i 1039-NEC Compensation	1039-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Ime		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
KEITH PARKER	3	698.937.	757_238	FINOIR	10 45	000		
DEFICER		NONE	PINOIN	AMON	<u>۱</u> ۲	007 HOT.	303,027.	MONE
	3 (- 1		TINIONI		NONE	NONE	NONE
INE I	3	418,281.	107,077.	195,842.	12,369.	11,539.	745,108.	NONE
DS	3	NONE	NONE	NONE	NONE			NONE
TIMOTHY A. O'CONNELL (Ξ	282,130.	38,094.	25,139.	1,668.	4.902	351 033	MONE
3 CHIEF FINANCE OFFICER (3	NONE	NONE	NONE	NONE	HONE	- 1	NONE
SCOTT A. PARRY (9	262,278.	56,902.	209,425.	16.436	34 991	780 030 1000	NONE
4 VP FACILITIES SERVICES ((ii)	NONE	NONE	NONE	HUON	NONE.	TACO TOOK	NONE
ELAINE ARMSTRONG ((i)	248,260.	56,096.	201,901.	20.500	17 141	7/3 808 MONE	NONE
5 VP MARKETING (i	3	NONE	NONE	NONE	NONE	١,	- 1	NONE
JENNY R. TAYLOR (0)		244,324.	NONE	157,839.	6,654.	20,720.	429,537.	NONE
6 VP CAREER SERVICES (ii)	₽	NONE	NONE	NONE	NONE	- 1		NONE
ω		236,013.	52,538.	132,352.	5,810.	17,710.	444,423.	NONE
7 VP GENERAL COUNSEL LEGAL (II)	투	NONE	NONE	NONE	NONE	- 1	١,	NONE
ANGELA L. STAUP (0)		227,449.	50,608.	178,673.	9,780.	12,840.	479,350	NONE
8 VP HUMAN RESOURCES (-02/23) (II)	=	NONE	NONE		NONE	- 18	(MONIE
BRIAN EAST, JR. (1)	▔	210,110.	35,430.	HONE	14,604.	25.549	285 693	MONE
9 EXECUTIVE DIRECTOR, DGR (II)	⋍	NONE	NONE	NONE	NONE		-	NONE
0							100	TACINE
10 (ii)	=							
0	Ē							
11 (ii)	13							
0	Ĕ							
12 (ii)	=							
0	ř							
13 (ii))		-					
(9)								
14 (ii)	۳							
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15 (ii)	\vdash							
(8)	Ť							
16 (II)								

Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

Part III Supplemental Information

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

YEAR 2023. THE FOLLOWING PEOPLE PARTICIPATED IN THE PLAN: DELFIA

MCKINNEY, TIMOTHY A. O'CONNELL, MARIANGELA CORALES, ELAINE ARMSTRONG,

ANGELA STAUP, EMILY CARTER, SCOTT PARRY AND JENNY TAYLOR.

PART I LINE 7

NON-FIXED PAYMENTS

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

OF AN INDEPENDENT COMPENSATION CONSULTANT (EVERY OTHER YEAR), EVALUATES

THE COMPENSATION OF THE PRESIDENT AND OTHER OFFICERS BY REVIEWING OUTSIDE

MARKET DATA OF OTHER ORGANIZATIONS OF SIMILAR SIZES AND REVENUE. THE

COMMITTEE LOOKS AT NATIONAL DATA PLUS LOCAL NONPROFIT DATA.

SCHEDULE K (Form 990)

Name of the organization 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

Open to Public 2022

Employer identification number 20-8351046 Inspection

90) 2022	Schedule K (Form 990) 2022	Schedule	ای		ĺ						Form 990.	i of raperwork neduction Act Notice, see the instructions for Form 990.	5
	<u>~</u>	×		×		×		×				inal allocation of proceeds?	T
									support the	ō	oks and records	Loes the organization maintain adequate books	17
	×	<u> </u>		×		×		×				le iinai ailocation of proceeds been made	1 5
×			×		×		×					issued prior to 2018, an advance refunding issue)?.	2
							-		ds (or, if	taxable bonds	issue of	Were the bonds issued as part of a refunding	ö
×			×		X		×					if issued prior to 2018, a current refunding issue)?	n
		-							onds (or,	tax-exempt bonds	issue of	Were the bonds issued as part of a refunding	14
S	_ - ;	Yes	No.	Yes	No	Yes	No	Yes					:
	201		2009		2010		2008					Year of substantial completion	13
												Other unspent proceeds	
	ŀ	-	ľ	- 1	30,478.					:		Other spent proceeds.	3 =
013	6,814,	-	689,555	3,6	618,381.	4,	704,000.	4,				Capital expenditures from proceeds	: z
												Working capital expenditures from proceeds	ی ا
<u>ا</u>												Credit enhancement from proceeds	, a
φ 4 4	74		76.000		100,000.		96,000.		• • • • •			issuance costs from proceeds	. -
١,		-										Proceeds in retunding escrows.	1 a
023	111	-	34,445		251,141							Capitalized interest from proceeds	, 0
												Gross proceeds in reserve rungs	1 L
,000.	7,000,	·	000,000	3,8	000,000.	5,	,800,000.	4				proceeds of Issue	، ا
												Amount of bonds legally deleased	, _^
,950.	2,292		266,800	1,2	750,000.	1,	,680,000.	1,				Amount of ponds retired	- د
	٥		C		8		A					A months of the late of	.
												Proceeds	Fart II
×	×	×			- FULTON	CONSTRUCTION - FULTON	7,000,000. c	ļ	01/28/2010	000000000	58-1506878	MACO	ם מ
×	×	×			N - PAULDING	CONSTRUCTION	3,800,000.	_	12/12/2009	000000000	77-0633349	WEST GEORGIA JOINT DEVELOPMENT AUTHORITY	C s
×	×	*			N - GWINNETT	CONSTRUCTION -	5,000,000.		02/05/2009	403720CU7	58-1293808	B DEVELOPMENT AUTHORITY OF GWINNETT COUNTY	B
×	×	×		I.A.	N - CHEROKEE	CONSTRUCTION	4,800,000.	-	08/26/2008	164218CR8	58-1374840	A DEVELOPEMENT AUTHORITY OF CHEROKEE COUNTY	AD
Yes No		No Ye	Yes										>
(i) Pooled financing	(h) On behalf of issuer		(g) Defeased	urpose	(f) Description of purpose	1(0)	(e) Issue price	 	(d) Date issued	(c) CUSIP#	(b) Issuer EIN	(a) Issuer name	
												Part Bond Issues	Pa
	046	20-8351046	20									GOODWILL OF NORTH GEORGIA, INC.	00
number	employer identification number	lloyer lue.	Į.										

2E1295 1.000

which owned property financed by lax-example parties that may result in private business use of the sear arrangement or service contracts that may result in private business use of the sear arrangement or service contracts that may result in private business use of the sear arrangement or service contracts that may result in private business use of the sear arrangement or service contracts that may result in private business use of the sear arrangement or service contracts that may result in private business use of the sear arrangement of service arrangement of service and search agreements that may result in private business use of the search agreements that may result in private business use of the search agreements of the search agreements realized to the search agreements realized to the search agreements realized to the search search agreements realized to the search search agreements realized to the search search agreements realized to the search search agreements realized to the search search agreements realized to the search search agreements realized to the search search agreements realized to the search search agreements realized to the search search agreements realized to the search search agreements realized to the search search agreements realized to the search search agreements agreements agreement search or to search agreements agreement agreement search or to search search agreements agreement search or to search agreements agreement search or search agreements agreement agreement search or search agreements agreement agreement agreement agreement search or search agreement		×		×		×		×	
se the organization a partner in a partnership, or a member of an LLC, A RO Yes No Yes No Yes No Yes No Yes No Yes No Horizon Dictionary Indicated physical Property Indicated Indicated Indicat		ĺ							ine ze, provide in rait vi the date the repate computation
she he organization a partner in a partnership, or a member of an LLC, A Ves No Ves No Ves No Ves No Ves No Ves No Ves No No No No No No No No No No No No No	×		×		×		×		If "Yes" to line 20 provide in Doct Vittle 144
se the organization a partner in a partnership, or a member of an LLC. Yes No No Yes No		×		×		×		×	No soboto dispare?
ich owned property financed by lax-exempt bonds?	×		×		×		X		Exposition to abbit to
sich owned property financed by tax-exempt bonds?	Þ		;			 -			`
ich owned property financed by tax-exempt bonds?	×		×		×		×		Penalty in Lieu of Arbitrage Rebate?
tich owned property financed by tax-exempt bonds?					l				Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction
bich owned property financed by lax-exempt bonds?								•	
Which owned property financed by tax-exempt bonds?		×		×		×		×	Arhitrago
Which owned property financed by tax-exempt bonds?							·		
Was the organization a partner in a partnership, or a member of an LLC, which owned property finenced by lax-exempt bonds?		:							
Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?			70		/0		è		
Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by lax-exempt bonds?			₹		Ŗ		<u>«</u>		1
Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	×		×		Þ		Þ		
Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					ŧ		<		
Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		×		X		×		×	- 1
Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?			%		%		%		Poor the head in the state of the head in the state of the head in the state of the
Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?			%		%		%		another section 501(c)(3) organization, or a state or local go
Was the organization a partner in a partnership, or a member of an LLC. Which owned property financed by tax-exempt bonds?		ĺ							result of unrelated trade or business activity carried
Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?			%		%	•	%		other than
Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?									
Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?									outside counsel
Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	×		×		×		×		If "Yes" to line
Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?									Are there any research agreements that may result in private business use bond-financed property?
Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?									8
Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	>		,						# "Yes"
Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	×		×		×		×		business use of bond-financed property?
Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	×		×		×		×		Are there any management or position positions and the state of the st
Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?									Are there any lease arrangements that may result in private business use
Was the organization a partner in a partnership, or a member of an LLC, Yes No	×		×	- i	×		X		which owned property financed by tax-exempt bonds?
A B C		ŀ		Yes			- 1	Yes	
	ן כ				יין ע		10		

Page 3

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Open to Public **2022**

Employer identification number

Inspection

For Paperwork Reduction Act Notice, see the Instructions for Form 990. 7 6 4 3 2 3 6 Part II 3 B DEVELOPMENT AUTHORITY OF FORSYTH COUNTY A DEVELOPMENT AUTHORITY OF FLOYD COUNTY C DEVELOPMENT AUTHORITY OF FULTON COUNTY g o Ġ GOODWILL OF NORTH GEORGIA, final allocation of proceeds? Does the organization maintain adequate books and records to support the Were the bonds issued as part of a refunding issue of taxable bonds (or, if Were the bonds issued as part of a refunding issue of tax-exempt bonds issued prior to 2018, an advance refunding issue)? Capitalized interest from proceeds................ Proceeds **Bond Issues** (a) issuer name INC 58-1506878 58-2390514 23-7182908 (b) Issuer EIN (c) CUSIP # (d) Date issued 000000000 000000000 000000000 11/15/2012 06/08/2011 06/08/2011 <u>Q</u> Yes ⋈ \times 3,194,670. (e) Issue price 3,300,000. 1,440,644. 6,000,000. CONSTRUCTION - FULTON 4,900,000. 3,300,000. 2011 66,000. 39,330. 20 × CONSTRUCTION - FORSYTH CONSTRUCTION - FLOYD Yes × × 4,601,337 4,900,000 2,142,175 (f) Description of purpose 2012 120,862 W 79,239 98,563. No × × Yes × × 5,499,764 6,000,000 2012 108,678. 391,558 ဂ 809,835 Z Yes (g) Defeased × × 20-8351046 Z 54 × Yes Yes No (h) On behalf of × × U (i) Pooled financing Yes No ç × × ×

2E1295 1.000

PUBLIC INSPECTION COPY

Schedule K (Form 990) 2022

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		+	4		↓		×	
								* • • • • • • • • • • • • • • • • • • •
		,						If "Yes" to line 2c, provide in Part VI the date the rebate computation was
		×		×		×		c No rebate due?
			×		×		×	- 1
		×		×		×		
	-							1
		×		×		×		
S .	Yes	No.	Yes	No	Yes	N _O	Yes	Popularia in Street Tiled Form 8038-T, Arbitrage Rebate, Yield Reduction and
	0		C		В		A	
								Fair IV Arbitrage
			×		×		×	unbe
								nonqualified bonds of the issue are remediated in accordance with the
								9 Has the organization established written procedures to ensure that all
					ĺ			c. It "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?
%		<u>%</u>		%		%		- 1
								b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of
		×		×		×		
								8a Has there been a sale or disposition of any of the bond-financed property to a
			X		X		×	- 1
%		%		%		%	:	6 lotal of lines 4 and 5
%		%		%		%		
								result of unrelated trade or business activity carried on by your organization,
								percentag
%		%_		%		%		
								4 Enter the percentage of financed property used in a private business use by entities
								outside counsel to review any research agreements relating to the financed property?
		•		,		1		the organization routinely engage
		∢		κ	****	×		
						i		c Are there any research agreements that may result in private business use of
		;						b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside
		×		×	-	×		
								3a Are there any management or service contracts that may result in private
		×	•	×		×		bond-financed property?
					_			2 Are there any lease arrangements that may result in private business use of
		×		X		×		which owned property financed by tax-exempt bonds?
No	Yes	No	Yes	No	Yes	No	Yes	1 Was the organization a partner in a partnership, or a member of an LLC,
		ဂ		В		!!		
- Geo				TIES	LIABILITIES	- [TAX-EXEMPT BOND	Part III Private Business Use

8

Schedule K (Form 990) 2022

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Page 3

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

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.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

P	art I Types of Property	INC.			20-8351046
	.ypos or i toperty				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 19	(d) Method of determining noncash contribution amounts
1	The Works of all			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
2	Art - Historical treasures]			
3	The Fractional Interests			, , , , , , , , , , , , , , , , , , , 	
4	- conte and papiloations.	Х		6,261,563.	RESALE VALUE
5	and household			3/201/003.	TUEDALE VALUE
	goods	X	<u></u>	151,587,268.	RESALE VALUE
6	Tono and other veriloids, , , , , ,				TUBOARE VALUE
7					
8	Intellectual property				
9	Securities - Publicly fraded	X	1	10,473.	STOCK QUOTE
10	Securities - Closely held stock			20/2/01	STOCK COOLE
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation			· · · · · · · · · · · · · · · · · · ·	
	contribution - Historic	1			
	structures				1
14	Qualified conservation		,		
	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles	X		2,108,803.	RESALE VALUE
19	Food inventory				VALUE
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts,				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (MISC ITEMS)	X		5,781,300.	SEE PART II
26	Other ►()				TIME II
27	Other ►()				
28	Other ►(
29	Number of Forms 8283 received to	by the organ	nization during the tax yea	ar for contributions for	
	which the organization completed Fo	orm 8283, P	art V, Donee Acknowledger	ment	29
00					Yes No
SUB	During the year, did the organization	on receive b	y contribution any propert	y reported in Part I, line	
	20, that it must hold for at least till	ee vears mo)M the date of the initial o	antribution and while the	
	to no good for evenify buildoses for the	ne entire noi	lding period?		30a X
	100, dosonbe the attackgement in	Part II.			
31	Does the organization have a g	ift accepta	nce policy that requires	the review of any i	nonstandard
20-	CONTRIBUTION				
σ∠a	Dogo and organization file of 186	unira parties	S Of felated organizations	to colloit propone	
	CONTRIBUTIONS:				
92 22	ii 100, acsombe ii Fait II.				· T
33	If the organization didn't report an ardescribe in Part II	mount in col	lumn (c) for a type of propε	erty for which column (a)	is checked.
	describe in Part II.				

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

Part II

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

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

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

GOODWILL OF NORTH GEORGIA, INC.

Employer Identification number

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 2

NEW PROGRAM SERVICES:

DEKALB RENTAL ASSISTANCE PROGRAM - GOODWILL OF NORTH GEORGIA PARTNERED WITH DEKALB COUNTY TO PROVIDE RENTAL AND UTILITY ASSISTANCE TO RESIDENTS IN NEED. WITH THE FEDERAL FUNDS PROVIDED BY DEKALB COUNTY, GOODWILL WAS AWARDED \$500,000 AND ASSISTED 127 DEKALB COUNTY RESIDENTS TO HELP THEM AVOID EVICTION, FIND STABILITY, AND PREPARE FOR THE FUTURE. GOODWILL WORKED DIRECTLY WITH LANDLORDS AND UTILITIES TO MAKE THOSE PAYMENTS AND ALSO PROVIDED FINANCIAL OPPORTUNITY WORKSHOPS TO INDIVIDUALS RECEIVING ASSISTANCE. THE PARTNERSHIP HAS BEEN SO SUCCESSFUL THAT DEKALB COUNTY IS CONSIDERING EXTENDING IT TO ADMINISTER RENTAL AND UTILITY ASSISTANCE IN THE FUTURE.

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Internal Revenue Service

Name of the organization

GOODWILL OF NORTH GEORGIA, INC.

Employer identification number

20-8351046

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

PROCESS FOR DETERMINING COMPENSATION

EACH YEAR, THE COMPENSATION COMMITTEE OF THE BOARD, WITH THE ASSISTANCE
OF AN INDEPENDENT COMPENSATION CONSULTANT (EVERY OTHER YEAR) 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

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,

Department of the Treasury Internal Revenue Service Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

20-8351046

Employer identification number

GOODWILL OF NORTH GEORGIA, INC.

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

-953,580 EXPENSES LISTED ON AFFILIATED ENTITY CONSOLIDATED FOR AUDIT

PURPOSES

479,055 INTEREST RATE SWAP ADJUSTMENT

-474,525 = CHANGES IN NET ASSETS

Name of the organization

GOODWILL OF NORTH GEORGIA, INC.

Employer identification number 20-8351046

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 2023, WE SERVED OVER 43,146 PEOPLE AND HELPED OVER 22,113 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.

236,850.

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TOTALS

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

GOODWILL OF NORTH GEORGIA,

Related Organizations and Unrelated Partnerships

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

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

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

Employer identification number Inspection

Open to Public 2022 OMB No. 1545-0047

20-8351046

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 3 6 5 3 Part II (2) GOODWILL OF NORTH GEORGIA DEV. CO. II (1) GOODWILL INDUSTRIES OF NORTH GA, INC. 6 2201 LAWRENCEVILLE HIGHWAY, 4 2 (5) 3 (1) GOODWILL OF NORTH GEORGIA DEV. 2201 LAWRENCEVILLE HIGHWAY 2201 LAWRENCEVILLE HIGHWAY 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. Name, address, and EIN of related organization (a)
Name, address, and EiN (if applicable) of disregarded entity DECATUR, DECATUR, GA 30033 SH GA 30033 58-0566193 85-1936726 DECATUR, CO. GA 30033 84-4036366 SUPPORTING OR JOB PLACEMENT Primary activity 9 JOB PLACEMENT (b) Primary activity Legal domicile (state or foreign country) GA g (c)
Legal domicile (state or foreign country) GA 501 (C) (3) 501 (C) (3) Exempt Code section 3 Public charity status (if section 501(c)(3)) LINE LINE 12A, (d) Total income 10 œ GNG (f) Direct controlling (e) End-of-year assets NONE! Direct controlling entity GNG, (g) Section 512(b)(13) controlled Yes × × entity? INC. N

Schedule R (Form 990) 2022

Schedule R (Form 990) 2022	GOOI	WILL OF N	GOODWILL OF NORTH GEORGIA,	IA, INC.	•		20-8351046			Page .
Part III Identification of Re because it had one	Identification of Related Organizations Taxable as a Partnership. Complete if the organization because it had one or more related organizations treated as a partnership during the tax year.	Taxable as a nizations trea	Partnership ted as a part	. Complete if nership during	the organization the tax year.	n answere	es" on Form	990, Part IV,	line 34,	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Direct domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	Share of total income	(g) Share of end-of- year assets	(h) Disproportionals allocurions?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	y) sral or aging ner?	(k) Percentage ownership
(1)							Test No		Yes No	
(2)										
(3)										
(4)										
(5)		M								
(6)										
(7)										
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ated Organizations 1 ad one or more relat	axable as a ed organizati	Corporation ons treated a	or Trust. Com s a corporatio	plete if the or	ganization answ g the tax year.	ered "Yes" o	on Form 990, Part IV,	Part IV,	
Name, address, and El	(a) Name, address, and EIN of related organization	,	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ets ownership	(I) Section 512(b)(13) controlled entity?
(1)										Tes No
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
				_	_					_

Schedule R (Form 990) 2022

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90) 2022	(Form 9	Schedule R (Form 990) 2022	Sch			ASL
						(6)
						(5)
						(4)
						(3)
						(2)
						(1)
rmining lved	(d) Method of determining amount involved	Method	(c) Amount involved	(b) Transaction type (a - s)	(a) Name of related organization	
.,,	resholds	action thr	including covered relationships and transaction thresholds.		(a)	
×					Other transfer of cash or property to related organization(s)	2 s c
×	î p	* • • • • • • • • • • • • • • • • • • •			Reimbursement paid to related organization(s) for expenses	.
×	0	:			Channel of para emproyees with related organization(s)	9
× :]				Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	
× >		•				m
< ×	· - * _				Lease of facilities, equipment, or other assets from related organization(s)	- x
×		:			Lease of facilities, equipment, or other assets to related organization(s)	-
×					Exchange of assets with related organization(s).	· - -
×	≟ e				Purchase of assets from related organization(s).	-
×××	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Dividends from related organization(s)	© →
×	<u>o</u>				Loans or loan guarantees by related organization(s)	Ф
	급				Loans or loan guarantees to or for related organization(s)	
		- ,				
	10 -	•			Gift, grant, or capital contribution to related organization(s)	φ.
×	<u>1</u>		organizations listed in Parts II-IV?		Receipt of (I) interest, (II) annuities, (III) royalties, or (iv) rent from a controlled entity.	-
Yes No					Note: Complete line i if any entity is listed in Parts II, III, or IV of this schedule.	J OF
		•	1 000 C			
			Form 990. Part IV. line 34, 35h, or 36		Transactions With Related Organizations. Complete if the organization answered "Yes" on	Part V

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicite (state or foreign country)	Predominant income (related, unrelated, excluded from tax under	(e) wre all partners section section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	h) vortionate attors?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	f) eral or aging ner?	Percentage ownership
(1)									3	
(2)		:								
(3)										
(4)										
(5)										
(6)		-								
(7)				<u> </u>						
(8)		-1-								
(9)										
(10)										
(11)										
(12)										
(13)										
(14)				<u></u>						
(15)										
(16)										
								Schodul	Schedule B (Earm gan) anaa	2022

Schedule R (Form 990) 2022

Part VII **Supplemental Information**

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

PART V, LINES 1 & 2

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

(Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation Go to www.irs.gov/Form926 for instructions and the latest information.

► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. 128

Part I U.S. Transferor Information (see instructions)	Sequence No. 128
Name of transferor	Identifying number (see instructions)
GOODWILL OF NORTH GEORGIA, INC.	
1 is the transferee a specified 10%-owned foreign corporation	hat is not a controlled foreign corporation? Yes No
If the transferor was a corporation, complete questions 2a thr	ouah 2d.
a If the transfer was a section 361(a) or (b) transfer, was the tr	ansferor controlled (under section 368(c)) by
five or fewer domestic corporations?	· · · · · · · · · · · · · · · · · · ·
b Did the transferor remain in existence after the transfer? If not, list the controlling shareholder(s) and their identifying n	Yes No
	umber(s).
Controlling shareholder	Identifying number
c If the transferor was a member of an affiliated group filing	1.9 consolidated return was to the
corporation?	
If not, list the name and employer identification number (EIN) o	f the parent corporation.
Name of parent corporation	EIN of nound
	EIN of parent corporation
d Have basis adjustments under section 367(a)(4) been made?	Yes No
3 if the transferor was a partner in a partnership that was the complete questions 3a through 3d.	actual transferor (but is not treated as such under section 367),
a List the name and EIN of the transferor's partnership.	·
Name of partnership	EIN of partnership
MONTAUK TRIGUARD FUND VII, LP	81-2829807
h. Did the partner pick up its pro rote share of a in a fill of	
b Did the partner pick up its pro rata share of gain on the transfer	of partnership assets? Yes X No
c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership	Yes X No
securities market?	o that is regularly traded on an established
Part II Transferee Foreign Corporation Information (see in	nstructions) Yes X No
4 Name of transferee (foreign corporation)	5a Identifying number, if any
VEPF V POLARIS BLOCKER	FOREIGNUS
6 Address (including country)	5b Reference ID number
MAPLES CORPORATION SERVICES LIMITED FO BOX 309	(see instructions)
UGLAND HOUSE GRAND CAYMAN CJ KY1-1104 Country code of country of incorporation or organization (see in	
 Country code of country of incorporation or organization (see in CJ 	nstructions)
8 Foreign law characterization (see instructions)	
PARTNERSHIP	
Is the transferee foreign corporation a controlled foreign corpor	ation?
or Paperwork Reduction Act Notice, see separate instructions.	Form 926 (Rev. 11-2018)

Part III Info		ng Transfer of Property	(see instructions)		Page
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on
Cash		proporty	Gate of dulialet	Dasis	transfer
If "Yes," s	kip the remainder o	f Part III and go to Part IV.			Yes No
Type of property	(a) Date of transfer	ner than intangible prop (b) Description of	(c) Fair market value on	(d) Cost or other	(e) Gain recognized on
Stock and securities	SEE STATEM	ENT 1	date of transfer	basis	transfer
Inventory				, , , , , , , , , , , , , , , , , , ,	
Other property (not listed under another category)					
Property with built-in loss					
Totals					
recognition 12a Were any foreign collif "Yes," go b Was the transferee If "Yes," colli	n agreement was fil assets of a foreign rporation? to to line 12b. transferor a domesti a branch that is a footinue to line 12c. by after the transiforelgn corporation on tinue to line 12d. transferred loss aminsferor transfer pro-	stock or securities subjected? branch (including a branch component of the transfer oreign disregarded entity) to if "No," skip lines 12c and fer, was the domestic co? If "No," skip line 12d, and ount included in gross incomporty described in section testions 14a through 15.	red substantially all of the o a specified 10%-owned for 12d, and go to line 13. orporation a U.S. shareh go to line 13.	rded entity) transferre assets of a foreign b foreign corporation? older with respect t	Yes X No d to a Yes X No ranch Yes No o the Yes No
Section C - Inta	ingible Property	Subject to Section 367(d)		
Type of property	(a) Date of transfer	(b) Description of property	(c) (d) Useful Arm's length pri	Cottoroborbook	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)					

Form **926** (Rev. 11-2018)

Totals

Form 9	926 (Rev. 11-2018)		Page 3
14a b c	reasonably anticipated to exceed 20 years?	Yes Yes	No No
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	☐ No
Supp	plemental Part III Information Required To Be Reported (see instructions)		
		**	7
		 -	
			
Part	Additional Information Regarding Transfer of Property (see instructions)		
46			
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0.0000 % (b) After 0.0007 %		
17	Type of nonrecognition transaction (see instructions) ►		
18	Indicate whether any transfer reported in Part III is subject to any of the following	-	
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
C	recapture under section 1903(d)		X No
d 40	Exchange gain under section 907	Yes	X No
19 20 a	Did this transfer result from a change in entity classification?	Yes	X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions. If "Yes," complete lines 20b and 20c.	Yes	X No
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)		
С	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?		Γ
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation	Yes	L No
	covered by section 367(e)(1)? See instructions	— "	X No
		Yes orm 926 (Re	77 110
	r	On 340 (Re	v. 11-2018)

(Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation Go to www.irs.gov/Form926 for instructions and the latest information.

► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. 128

Part I U.S. Transferor Information (see instructions)	Sequence No. 128
Name of transferor	identifying number (see instructions)
GOODWILL OF NORTH GEORGIA, INC.	
1 Is the transferee a specified 10%-owned foreign corporation 2 If the transferor was a corporation, complete questions 0 at the	hat is not a controlled foreign corporation? Yes No
If the transferor was a corporation, complete questions 2a thr	ough 2d
a If the transfer was a section 361(a) or (b) transfer, was the transfer or fewer domestic corporations?	ansferor controlled (under section 368(c)) by
five or fewer domestic corporations? b Did the transferor remain in existence after the transfer?	· · · · · · · · · · · · · · · · · · ·
If not, list the controlling shareholder(s) and their identifying n	Imber(s)
	aniber(s).
Controlling shareholder	identifying number
c If the transferor was a member of an affiliated group filing	
corporation	
If not, list the name and employer identification number (EIN) o	f the parent corporation.
Name of parent corporation	
- Paramon and American	EIN of parent corporation
d Have basis adjustments under section 367(a)(4) been made?	· · · · · · · · · Yes No
complete questions 3a through 3d.	actual transferor (but is not treated as such under section 367),
a List the name and EIN of the transferor's partnership.	ŕ
Name of partnership	EIN of partnership
MONTAUK TRIGUARD FUND VII, LP	81-2829807
h Did the partner pick up its present a large of	
b Did the partner pick up its pro rata share of gain on the transfer	of partnership assets? Yes X No
c is the partner disposing of its entire interest in the partnership? d is the partner disposing of an interest in a limited partnership	Yes X No
securities market?	that is regularly traded on an established
The state of the s	nstructions) Yes X No
Name of transferee (foreign corporation)	5a Identifying number, if any
BY MILES GROUP LTD.	FOREIGNUS
Address (including country)	5b Reference ID number
014 SHORTLANDS	(see instructions)
HAMMERSMITH LONDON UK W68DJ Country code of country of incorporation or organization (ass.)	
Country code of country of incorporation or organization (see in UK	istructions)
Foreign law characterization (see instructions)	
PARTNERSHIP	
Is the transferee foreign corporation a controlled foreign corporation	ation?
or Paperwork Reduction Act Notice, see separate Instructions.	Yes X No

Type of property	(a) Date of	(b) Description of	(c) Fair market value on	(d)	(e)
Cash	transfer	property	date of transfer	Cost or other basis	Gain recognized on transfer
10 Was cash If "Yes," s	n the only property transfe skip the remainder of Par her Property (other t	t III and go to Part IV.	erty subject to section 3	\$67/d\\	Yes I
Type of property	(a) Date of	(b) Description of	(c) Fair market value on	(d) Cost or other	(e) Gain recognized on
Stock and securities	see statement	property 2	date of transfer	basis	transfer
nventory				10 10 10	
Other property not listed under another category)					
Property with wilt-in loss					
Tota ls					
b Was the tr (including If "Yes," co c Immediate	a branch that is a foreign ontinue to line 12c. If "No ily after the transfer, wa foreign corporation?	disregarded entity) to ," skip lines 12c and as the domestic co	rporation a U.S. shareho	reign corporation?	Yes N
d Enter the t	ransferred loss amount i	o, skip line 12d, and (included in gross inco r described in section (go to line 13. me as required under secti 367(d)(4)?	on 01 🕨 ¢	
d Enter the t 13 Did the tra If "No," ski	ransferred loss amount in nsferor transfer property	n, skip line 12d, and on the section of the section	go to line 13. me as required under secti 367(d)(4)?	on 01 🕨 ¢	Yes N
d Enter the t 13 Did the tra If "No," ski	ransferred loss amount in nsferor transfer property p Section C and question	n, skip line 12d, and on the section of the section	go to line 13. me as required under secti 367(d)(4)?	on 91 ▶\$	
d Enter the t 13 Did the tra If "No," ski ection C - Inta	ransferred loss amount insferor transfer property p Section C and question gible Property Subj	ncluded in gross inco r described in section in ns 14a through 15. ect to Section 367(o	go to line 13. me as required under section (a)(4)? (c) Useful Arm's length price	on 91 ▶\$	(f) Income inclusion for year of transfer
d Enter the t 13 Did the tra If "No," ski ection C - Inta	ransferred loss amount insferor transfer property p Section C and question gible Property Subj	ncluded in gross inco r described in section in ns 14a through 15. ect to Section 367(o	go to line 13. me as required under section (a)(4)? (c) Useful Arm's length price	on 91 ▶\$	(f) Income inclusion for year of transfer

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b c d	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) > \$ Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes	☐ No
Supp	plemental Part III Information Required To Be Reported (see instructions)	
Part	IV Additional Information Regarding Transfer of Property (see instructions)	
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before 0.0000 % (b) After 0.0000 %	
20 a b c	Type of nonrecognition transaction (see instructions) IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions. Yes Yes Yes Yes Yes The section 367(e)-2(b) The section 1.367(e)-2(b) The distribution of property to property to property to the distribution of property to the distribution o	X No X No X No X No X No X No
21	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	No No

(Rev. November 2018) Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation Go to www.irs.gov/Form926 for instructions and the latest information.

► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. 128

Part I U.S. Transferor Information (see instructions)	the manager of the name of distribution.	Sequence No. 128
Name of transferor	Identifyin	g number (see Instructions)
GOODWILL OF NORTH GEORGIA, INC.		·
1 Is the transferee a specified 10%-owned foreign corporation of the transferor was a corporation, complete questions 20 the	that is not a controlled foreign corporation	n? Yes No
man a manager and a porporation, complete diffestiblis Sa INL	ough 2d.	
a If the transfer was a section 361(a) or (b) transfer, was the tra	ansferor controlled (under section 368(c))) by
five or fewer domestic corporations? b Did the transferor remain in existence after the transfer?		Yes No
If not, list the controlling shareholder(s) and their identifying no		∐ Yes ∐ No
	umber(s).	
Controlling shareholder	Identifying nu	ımber
c If the transferor was a member of an affiliated group filling	a consolidated return, was it the no	arent
corporation? If not, list the name and employer identification number (EIN) o		Yes No
Name of parent corporation	EIN of parent coa	rporation
d Have basis adjustments under section 367(a)(4) been made? .		Yes No
If the transferor was a partner in a partnership that was the	notical transferred that the second	
If the transferor was a partner in a partnership that was the complete questions 3a through 3d.	actual transferor (but is not treated a	as such under section 367)
a List the name and EIN of the transferor's partnership.		
Name of partnership		
•	EIN of partner	rship
VI CREDIT VALUE FUND B IV LP	98-135594	41
b Did the partner pick up its pro rata share of gain on the transfer	Of partnership assets?	
• is the partner disposing of its entire interest in the partnership?		
was the parties disposing of an interest in a limited narthershir) that is requisity traded on an extent.	
securities market?		Yes X No
Transferee Foreign Corporation Information (see in Name of transferee (foreign corporation)	nstructions)	
CVI CVF IV CAYMAN CORPORATION		ifying number, if any
Address (including country)		98 <u>-1355543</u>
PO BOX 309 GT UGLAND HOUSE		ence ID number tructions)
GEORGE TOWN GRAND CAYMAN CJ KY1-1104		a double)
Country code of country of incorporation or organization (see ir	nstructions)	
CJ	•	
Foreign law characterization (see instructions)		
CORPORATION		
Is the transferee foreign corporation a controlled foreign corpora	ation?	Yes X No
Paperwork Reduction Act Notice, see separate instructions.		Form 926 (Rev. 11-2018)

Type of property					·
	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on
Cash	12/31/2022		397,396.	Dasis	transfer
If "Yes," s	the only property trans skip the remainder of Pa her Property (other	art III and go to Part IV. than intangible pro	perty subject to section	367(d))	X Yes N
Type of property	Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on
Stock and securities				Dasis	transfer
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					
foreign co	rporation?	non (moraumg a branc	h that is a foreign disregard	100 ANIII/) tranctarroc	Yes No dito a Yes No
foreign collif "Yes," gr b Was the tr (including If "Yes," collimates transferee If "Yes," collif "Y	rporation? o to line 12b. ransferor a domestic co a branch that is a foreig ontinue to line 12c. If "I bly after the transfer, foreign corporation? ontinue to line 12d. If "I transferred loss amoun	orporation that transfe gn disregarded entity) to No," skip lines 12c and was the domestic or No," skip line 12d, and it included in gross income ty described in section	rred substantially all of the o a specified 10%-owned for 12d, and go to line 13. orporation a U.S. shareho	assets of a foreign broreign corporation?	ranch
foreign collif "Yes," gr b Was the tr (including If "Yes," collif "Yes," collif "Yes," collif "Yes," collif "Yes," collif "Yes," collif "Yes," collif "No," ski	rporation? o to line 12b. ransferor a domestic of a branch that is a foreign ontinue to line 12c. If "I bely after the transfer, foreign corporation? ontinue to line 12d. If "I transferred loss amountsferor transfer proper	prporation that transfe gn disregarded entity) to No," skip lines 12c and was the domestic co No," skip line 12d, and it included in gross income ty described in section ions 14a through 15.	rred substantially all of the o a specified 10%-owned for 12d, and go to line 13. or por ation a U.S. shareho go to line 13.	assets of a foreign broreign corporation?	Yes Note Note Note Note Note Note Note Note
foreign collif "Yes," gr b Was the tr (including If "Yes," collif "Yes," collif "Yes," collif "Yes," collif "Yes," collif "Yes," collif "No," ski	rporation? o to line 12b. ransferor a domestic of a branch that is a foreign continue to line 12c. If "I bly after the transfer, foreign corporation? continue to line 12d. If "I transferred loss amount insferor transfer propertion of the section C and questing the section C and questing the section of the	prporation that transfe gn disregarded entity) to No," skip lines 12c and was the domestic co No," skip line 12d, and it included in gross income ty described in section ions 14a through 15.	rred substantially all of the o a specified 10%-owned for 12d, and go to line 13. or por ation a U.S. shareho go to line 13.	assets of a foreign broreign corporation?	Yes N Yes N Yes N Yes N Yes N Yes N
foreign collif "Yes," gr b Was the tr (including If "Yes," collif "Yes," collif "Yes," collif "Yes," collif "Yes," collif "Yes," collif "No," ski	rporation? o to line 12b. ransferor a domestic of a branch that is a foreign ontinue to line 12c. If "I bly after the transfer, foreign corporation? continue to line 12d. If "I bransferred loss amount in section C and quest in Section C and quest langible Property Sulpate of	prporation that transfegn disregarded entity) for skip lines 12c and was the domestic converse was the domestic converse was included in gross incompared to the section ions 14a through 15.	rred substantially all of the o a specified 10%-owned for 12d, and go to line 13. or poration a U.S. shareho go to line 13. ome as required under section 367(d)(4)?	assets of a foreign broreign corporation?	Yes N Yes N Yes N Tanch Yes N Yes N Yes N Yes N (f) Income inclusion for year of transfer
foreign collection foreign collection C - Inta	rporation? o to line 12b. ransferor a domestic of a branch that is a foreign ontinue to line 12c. If "I bly after the transfer, foreign corporation? continue to line 12d. If "I bransferred loss amount in section C and quest in Section C and quest langible Property Sulpate of	prporation that transfegn disregarded entity) for skip lines 12c and was the domestic converse was the domestic converse was included in gross incompared to the section ions 14a through 15.	rred substantially all of the o a specified 10%-owned for 12d, and go to line 13. or poration a U.S. shareho go to line 13. ome as required under section 367(d)(4)?	assets of a foreign broreign corporation?	to a Yes Note Note Note Note Note Note Note Note

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14a b c	reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) **Test Transfer, nad a useful life Yes Yes Resultations section 2.367(d)-1(c)(3)(ii) **Test Transfer, nad a useful life Yes Yes Resultations section 2.367(d)-1(c)(3)(iii) **Test Transfer, nad a useful life Yes	No No
10	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	☐ No
Supp	plemental Part III Information Required To Be Reported (see instructions)	
B4		
Part	Additional Information Regarding Transfer of Property (see instructions)	
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before076348% (b) After076348%	
17	Type of nonrecognition transaction (see instructions) ▶ IRC_SECTION_351	
18	Indicate whether any transfer reported in Part III is subject to any of the following.	
a b	Gain recognition under section 904(f)(3)	X No
C	Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Yes Yes Yes	X No
d		X No
19	Did this transfer result from a change in entity classification?	X No
20 a	bid a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions	X No
b	If "Yes," complete lines 20b and 20c, Enter the total amount of gain or loss recognized purposent to Decide lines 20b.	
C	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) \$\infty\$ Did the domestic corporation not recognize gain or loss on the distribution of property because the	
21	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	No
	covered by section 367(e)(1)? See instructions	V No

Form **926** (Rev. 11-2018)

______ FORM 926 - PART III - TRANSFERS - STOCK AND SECURITIES (A) DATE OF (B) DESCRIPTION (C) FMV ON DATE (D) COST OR (F) GAIN RECOGNIZED TRANSFER OF PROPERTY OF TRANSFER OTHER BASIS ON TRANSFER 09/27/2021 STOCK 37. 37.

FORM 926 - PART III - TRANSFERS - STOCK AND SECURITIES (A) DATE OF (B) DESCRIPTION (C) FMV ON DATE (D) COST OR (F) GAIN RECOGNIZED TRANSFER OF PROPERTY OF TRANSFER OTHER BASIS ON TRANSFER 12/31/2021 STOCK 3. 3.

Form 8865

Department of the Treasury

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.

Go to www.irs.gov/Form8865 for instructions and the latest information. Information furnished for the foreign partnership's tax year

01/01/2022 and ending OMB No. 1545-1668

Form 8865 (2022)

Internal Revenue Service Attachment beginning 12/31/2022 Sequence No. 865 Name of person filing this return Filer's identification number GOODWILL OF NORTH GEORGIA, INC. 20-8351046 Filer's address (if you aren't filing this form with your tax return) A Category of filer (see Categories of Filers in the instructions and check applicable box(es)): Х B Filer's tax year beginning 07/01/2022 and ending 06/30/2023 Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$ If filer is a member of a consolidated group but not the parent, enter the following information about the parent: D Name Address Check if any excepted specified foreign financial assets are reported on this form. See instructions. Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address (3) Identification number Category 1 Constructive Category 2 owner G1 Name and address of foreign partnership 2(a) EIN (if any) 98-1355941 2(b) Reference ID number (see instructions) CVI CREDIT VALUE FUNDS B IV LP 1601 UTICA AVENUE SOUTH SUITE 1000 3 Country under whose laws organized MINNEAPOLIS, MN 55416 4 Date of 5 Principal place of Principal business 8a Functional currency 7 Principal business 8b Exchange rate organization activity code number activity INVESTMENTS (see instructions) 03/06/2017 US 1.000000000000 H Provide the following information for the foreign partnership's tax year: Name, address, and identification number of agent (if any) in the 2 Check if the foreign partnership must file: United States Form 1042 Form 8804 X Form 1065 Service Center where Form 1065 is filed: 3 Name and address of foreign partnership's agent in country of 4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different STMT. organization, if any STMT 1 CVI CREDIT VALUE FUNDS B IV LP CVI CREDI<u>T VALUE FUNDS B IV L</u>P During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions X No If "Yes," enter the total amount of the disallowed deductions Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)? Yes Χ No Were any special allocations made by the foreign partnership? Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions How is this partnership classified under the law of the country in which it's organized? 9 Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Regulations section 1.1503(d)-1(b)(4) or part of a combined separate unit under Regulations section 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Regulations section 1.1503(d)-1(b)(5)(ii)? Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. Yes If "Yes," don't complete Schedules L, M-1, and M-2. For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Form 8865 ((2022)								
12a is i	the file pect to	er of this Form 8865 claiming a fo any transaction with the foreign pa	oreign-derived intan rtnership? If "Yes," c	gible income (Fi	DII) dedu b. 12c. a	uction (under section	on 250) w	vith [] v	Page 2
b Ent	ter the	amount of gross receipts derived	from all sales of a	opprol property	4- (1 -				X No
c Ent	ter the	amount of gross receipts derived f	rom all sales of inte	icome (FDDEI) apaible property	• • • • • • • • • • • • • • • • • • •				
u Ent	ei ine	n its computation of FDDEI amount of gross receipts derived fr	om all services area	ulded to the face	t	1.1 (1) 4 (1)			- · · · ·
	pu	todon of Looki							
the	partne	number of foreign partners subject t ership or of receiving a distribution fr	o section 864(c)(8) om the partnership	as a result of tra	nsferring	all or a portion of a	an interes	t in	
- A.	any un	ne during the tax year were any tr nts of Regulations section 1.707-8?.	ansfers hetween th	a northannship au	. at 10				X No
Sign Here Only If You're Filling This Form Separately and Not With Your	Undo and infor	er penalties of perjury, I declare that I ha belief, it is true, correct, and complete. I mation of which preparer has any knowled	ave examined this return	a including					
Tax Return.	Sign	ature of general partner or limited liability	company member			Date			
Paid	Print/	Type preparer's name	Preparer's signa	ture		Date	Check	If PTIN	
Preparer Use Only	Firm's	name					self-employed		
Ose Only		address					Firm's EIN Phone no.		
		Constructive Ownership box b, enter the name, ad interest you constructively a Owns a direct interest	own. See instru	TAXIDAVEC ICIDI	nuncat	ion number (if a	iny) of t	he person	(s) whose
<u>.</u>		Name	Ad	dress		dentification numbe		Check if foreign person	Check if direct partner
Schedule	• A-1	Certain Partners of Foreig	n Partnershin /s	see instruction					
		Name	-		15)	· · · · · · · · · · · · · · · · · · ·			
		Idaille	Adı	dress		Identification n	umber (if	any)	Check if foreign person
Schedule	A-2	Foreign Partners of Section	on 721(c) Partne	ership (see ins	structio	ons)			
Name of for partner	reign	Address	Country of organization (if any)	U.S. taxpa identification r (if any)	yer number	Check if related to U.S. transferor		ercentage int	erest
<u> </u>			· · · · · · · · · · · · · · · · · · ·					%	%
Does the pa	artner:	ship have any other foreign pers	On as a direct part	nor?	·		<u> </u>	%	<u>%</u>
Schedule	A-3	Affiliation Schedule. List a direct interest or indirectly of	all nartnershine	(foreign or de	omestic) in which the	foreign	Yes partnershi	No p owns a
- L		Name	Address			EIN (if any)	Tot	al ordinary ome or loss	Check if foreign partnership
									Estanzianih

^-	alleuu.	e B Income Statement - Trade or Business Income		Page 3
<u>va</u>	ution: I	nclude only trade or business income and expenses on lines 1a through 22 below. See the i	netrue	tions for many info
	1a	Gross receipts or sales	Tistruc	tions for more information.
	b	Less returns and allowances.	\dashv	
	2	Cost of goods sold	1 <u>c</u>	
Income	3	Cost of goods sold . Gross profit. Subtract line 2 from line 1c .	2	
8	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement).	3	
ž	5	Net farm profit (loss) (attach Schedule F (Form 1040)).	4	
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797).	5	
	7	Other income (loss) (attach statement)	6	
	8	Total income (loss). Combine lines 3 through 7	7	
~	9	Salaries and wages (other than to partners) (less employment credits)	8	
for limitations)	10	Guaranteed payments to partners.	40	
豆豆	11	Repairs and maintenance	10	
for ii	12	Bad debts	12	<u> </u>
Suc	13	Rent	13	<u> </u>
instructions	14	Taxes and licenses.	14	
nstr	15	interest (see instructions)	15	
(see	16a I	Depreclation (if required, attach Form 4562)	<u> </u>	
S)	b	ess depreciation reported elsewhere on return	16¢	
Ö	17	Depletion (Don't deduct oil and gas depletion.)	17	
동	10 1	veriferit plans, etc.	18	
Deductions	19	imployee benefit programs	10	
ă	20	Other deductions (attach statement)	20	
		otal deductions. Add the amounts shown in the far right collimn for lines a through 20		······································
	22	Grainary business income (loss) from trade or business activities. Subtract line 21 from line 8	22	
Payment	23	Reserved for future use	23	
E	44 [reserved for future use	24	
a	25 F	Reserved for future use	25	
	26 F	Reserved for future use	26	
and	28 F	Reserved for future use	27_	· · · · · · · · · · · · · · · · · · ·
Tax		Reserved for future use	28_	
	30 F	Reserved for future use	29	
Sc	hedule	K Partners' Distributive Share Items		
	1		30	7-4
		Ordinary business income (loss) (Schedule B. line 22)		Total amount
	2	Ordinary business income (loss) (Schedule B, line 22)	1	Total amount
	_	Ordinary business income (loss) (Schedule B, line 22)	1	Total amount
	2	Ordinary business income (loss) (Schedule B, line 22). Net rental real estate income (loss) (attach Form 8825). Other gross rental income (loss)	1 2	Total amount
	2 3 a	Ordinary business income (loss) (Schedule B, line 22). Net rental real estate income (loss) (attach Form 8825). Other gross rental income (loss). Expenses from other rental activities (attach statement). Other net rental income (loss). Subtract line 3b from line 3a	1 2	Total amount
(20	2 3 a	Ordinary business income (loss) (Schedule B, line 22). Net rental real estate income (loss) (attach Form 8825). Other gross rental income (loss). Expenses from other rental activities (attach statement). Other net rental income (loss). Subtract line 3b from line 3a Guaranteed B Capital D Capital Ah	1 2 3c	Total amount
oss)	2 3 a b 4	Ordinary business income (loss) (Schedule B, line 22). Net rental real estate income (loss) (attach Form 8825). Other gross rental income (loss). Expenses from other rental activities (attach statement). Other net rental income (loss). Subtract line 3b from line 3a Guaranteed payments: a Services 4a b Capital 4b Total. Add line 4a and line 4b.	1 2 3c	Total amount
(Loss)	2 3 a b 4 0	Ordinary business income (loss) (Schedule B, line 22) Net rental real estate income (loss) (attach Form 8825) Other gross rental income (loss). Expenses from other rental activities (attach statement). Other net rental income (loss). Subtract line 3b from line 3a Guaranteed payments: a Services 4a b Capital 4b Total. Add line 4a and line 4b Interest income	3c 4c	Total amount
me (Loss)	2 3 a b 4	Ordinary business income (loss) (Schedule B, line 22) Net rental real estate income (loss) (attach Form 8825) Other gross rental income (loss). Expenses from other rental activities (attach statement). Other net rental income (loss). Subtract line 3b from line 3a Guaranteed payments: a Services 4a b Capital 4b Total. Add line 4a and line 4b Interest income Dividends and dividend equivalents: a Ordinary dividends	3c 4c	Total amount
come (Loss)	2 3 a b 4 0	Ordinary business income (loss) (Schedule B, line 22) Net rental real estate income (loss) (attach Form 8825) Other gross rental income (loss). Expenses from other rental activities (attach statement). Other net rental income (loss). Subtract line 3b from line 3a Guaranteed payments: a Services 4a b Capital 4b Total. Add line 4a and line 4b Interest income Dividends and dividend equivalents: a Ordinary dividends b Qualified dividends 6b	1 2 3c 4c 5	Total amount
Income (Loss)	2 3 a k 0 4 0 5	Ordinary business income (loss) (Schedule B, line 22) Net rental real estate income (loss) (attach Form 8825) Other gross rental income (loss). Expenses from other rental activities (attach statement). Other net rental income (loss). Subtract line 3b from line 3a Guaranteed payments: a Services 4a b Capital 4b Total. Add line 4a and line 4b Interest income Dividends and dividend equivalents: a Ordinary dividends b Qualified dividends 6b C Dividend equivalents 6c	1 2 3c 4c 5	Total amount
Income (Loss)	2 3 a b c 4 c 5 6	Ordinary business income (loss) (Schedule B, line 22) Net rental real estate income (loss) (attach Form 8825) Other gross rental income (loss). Expenses from other rental activities (attach statement). Other net rental income (loss). Subtract line 3b from line 3a Guaranteed payments: a Services 4a b Capital 4b Total. Add line 4a and line 4b. Interest income Dividends and dividend equivalents: a Ordinary dividends b Qualified dividends 6b c Dividend equivalents 6c Royalties	1 2 3c 4c 5 6a	Total amount
Income (Loss)	2 3 a k c c 4 c 5 6 7 8	Ordinary business income (loss) (Schedule B, line 22) Net rental real estate income (loss) (attach Form 8825) Other gross rental income (loss). Expenses from other rental activities (attach statement). Other net rental income (loss). Subtract line 3b from line 3a Guaranteed payments: a Services 4a b Capital 4b Total. Add line 4a and line 4b. Interest income Dividends and dividend equivalents: a Ordinary dividends b Qualified dividends 6b c Dividend equivalents 6c Royalties Net short-term capital gain (loss) (attach Schedule D (Form 1065))	1 2 3c 4c 5 6a	Total amount
Income (Loss)	2 3 a b 6 4 5 6	Ordinary business income (loss) (Schedule B, line 22) Net rental real estate income (loss) (attach Form 8825) Other gross rental income (loss). Expenses from other rental activities (attach statement). Other net rental income (loss). Subtract line 3b from line 3a Guaranteed payments: a Services 4a b Capital 4b Total. Add line 4a and line 4b. Interest income Dividends and dividend equivalents: a Ordinary dividends b Qualified dividends c Dividend equivalents. 6b Royalties Net short-term capital gain (loss) (attach Schedule D (Form 1065)) Net long-term capital gain (loss) (attach Schedule D (Form 1065))	1 2 3c 4c 5 6a	Total amount
Income (Loss)	2 3 a 4 0 5 6	Ordinary business income (loss) (Schedule B, line 22) Net rental real estate income (loss) (attach Form 8825) Other gross rental income (loss). Expenses from other rental activities (attach statement). Other net rental income (loss). Subtract line 3b from line 3a Guaranteed payments: a Services 4a b Capital 4b Total. Add line 4a and line 4b. Interest income Dividends and dividend equivalents: a Ordinary dividends b Qualified dividends 6b c Dividend equivalents 6c Royalties Net short-term capital gain (loss) (attach Schedule D (Form 1065)) Net long-term capital gain (loss) (attach Schedule D (Form 1065)) Collectibles (28%) gain (loss)	1 2 3c 4c 5 6a	Total amount
Income (Loss)	2 3 a 4 0 5 6	Ordinary business income (loss) (Schedule B, line 22) Net rental real estate income (loss) (attach Form 8825) Other gross rental income (loss). Expenses from other rental activities (attach statement). Other net rental income (loss). Subtract line 3b from line 3a Guaranteed payments: a Services 4a b Capital 4b Total. Add line 4a and line 4b Interest income Dividends and dividend equivalents: a Ordinary dividends b Qualified dividends 6c c Dividend equivalents 6c Royalties Net short-term capital gain (loss) (attach Schedule D (Form 1065)) Net long-term capital gain (loss) (attach Schedule D (Form 1065)) Collectibles (28%) gain (loss) Unrecaptured section 1250 gain (attach statement) 9c	3c 4c 5 6a 7 8	Total amount
Income (Loss)	2 3 a 4 0 5 6	Ordinary business income (loss) (Schedule B, line 22) Net rental real estate income (loss) (attach Form 8825) Other gross rental income (loss). Expenses from other rental activities (attach statement). Other net rental income (loss). Subtract line 3b from line 3a Guaranteed payments: a Services 4a b Capital 4b Total. Add line 4a and line 4b Interest income Dividends and dividend equivalents: a Ordinary dividends b Qualified dividends 6c c Dividend equivalents 6c Royalties Net short-term capital gain (loss) (attach Schedule D (Form 1065)) Net long-term capital gain (loss) (attach Schedule D (Form 1065)) Collectibles (28%) gain (loss) Unrecaptured section 1250 gain (attach statement) 9c Net section 1231 gain (loss) (attach Form 4797)	3c 4c 5 6a 7 8 9a	Total amount
	2 3 a b c 4 c 5 6 7 8 9 a b c c 10	Ordinary business income (loss) (Schedule B, line 22) Net rental real estate income (loss) (attach Form 8825) Other gross rental income (loss). Expenses from other rental activities (attach statement). Other net rental income (loss). Subtract line 3b from line 3a Guaranteed payments: a Services 4a b Capital 4b Total. Add line 4a and line 4b Interest income Dividends and dividend equivalents: a Ordinary dividends b Qualified dividends c Dividend equivalents. 6c Royalties Net short-term capital gain (loss) (attach Schedule D (Form 1065)) Net long-term capital gain (loss) (attach Schedule D (Form 1065)) Collectibles (28%) gain (loss) Unrecaptured section 1250 gain (attach statement) Net section 1231 gain (loss) (attach Form 4797) Other income (loss) (see instructions) (1) Type	3c 4c 5 6a 7 8 9a	Total amount
	2 3 a 4 5 6 7 8 9 a b c 10	Ordinary business income (loss) (Schedule B, line 22). Net rental real estate income (loss) (attach Form 8825). Other gross rental income (loss). Expenses from other rental activities (attach statement). Other net rental income (loss). Subtract line 3b from line 3a Guaranteed payments: a Services 4a b Capital 4b Total. Add line 4a and line 4b. Interest income Dividends and dividend equivalents: a Ordinary dividends b Qualified dividends. c Dividend equivalents. Royalties. Net short-term capital gain (loss) (attach Schedule D (Form 1065)). Net long-term capital gain (loss) (attach Schedule D (Form 1065)). Collectibles (28%) gain (loss) Unrecaptured section 1250 gain (attach statement). Net section 1231 gain (loss) (attach Form 4797) Other income (loss) (see instructions) (1) Type (2) Amount	3c 4c 5 6a 7 8 9a 10 11(2) 12	Total amount
	2 3 a b 4 c 5 6 7 8 9 a b c 10 11	Ordinary business income (loss) (Schedule B, line 22)	3c 4c 5 6a 7 8 9a 10 11(2) 12	Total amount
	2 3 a b 4 5 6 7 8 9 a b c 10 11 12 13 a	Ordinary business income (loss) (Schedule B, line 22). Net rental real estate income (loss) (attach Form 8825). Other gross rental income (loss)	3c 4c 5 6a 7 8 9a 10 11(2) 12 13a 13b	Total amount
Deductions Income (Loss)	2 3 a b 4 5 6 7 8 9 a b c 10 11 12 13 a b	Ordinary business income (loss) (Schedule B, line 22). Net rental real estate income (loss) (attach Form 8825). Other gross rental income (loss). Expenses from other rental activities (attach statement). Other net rental income (loss). Subtract line 3b from line 3a Guaranteed payments: a Services 4a	3c 4c 5 6a 7 8 9a 10 11(2) 12	Total amount

Colli	redule	22) CVI CREDIT VALUE			<u>98-1</u> 35594	1		Page 4
		1919	ive Share Items (cont	inued)			Total amount	
Self- Employ-	14a	0 ()	elf-employment			14a		
S E	e e	Gross fairfiling of fishing in	come			1/h		
		Gross nontarm income				140		
	15a	Low-income nousing creat	t (section 42(j)(5))			150		
g	b	Low-income housing credi	t (other)			4 FL		-
Credits	С	Qualitied renabilitation exp	enditures (rental real es	state) (attach Form 346	8).	15c		
똣	ď	Other rental real estate cre	edits (see instructions)	Time		15d		
U	е	Other rental credits (see in	nstructions)	Type				
	_ f	Other credits (see instructi	ons)	Type		15e 15f		
International	16	Attach Schedule K-2 (Form check this box to indicate that	8865), Partners' Distributi you are reporting items of	ive Share Items - Intern	ational, and Э			
×	17a	Post-1986 depreciation ad	justment			47-1		l
Alternative Minimum Tax	≝ b	Adjusted gain or loss				1/a	-	
E E	≝ c	Depletion (other than oil ar	d das)		• • • • • • • • •	1/6		
E E	Ēd	Oil, gas, and geothermal p	roperties - gross income	*********	• • • • • • • • •	17c	-	
¥E.	t e	Oil, gas, and geothermal p	roperties - deductions			17d		
~	- F	Other AMT items (attach st	atement)	* * * * * * * * * * * * * * * * * * * *	• • • • • • • • •	<u>17</u> e		
	18a	Other AMT items (attach st	atomony			17f		
두	b	Tax-exempt interest income	⁷ *		• • • • • • • • •	18a		
葉	c	Other tax-exempt income .				18b		
Ĕ	_	Nondeductible expenses	androdolic committee			18c		
Ğ	b	Distributions of cash and m	arketable securities	********		19a		
2	20 a	Distributions of other prope	п.у			19b		
Other Information	b	Investment income,,				20a		
∌	"	Investment expenses				20b		
•	24	Other items and amounts (attach statement)					
Cob	21 edule L	Total foreign taxes paid or a	accrued	<u> </u>		21		
SCIII	equie L	Balance Sneets per	Dooks. (Not required	ir item H11, page 1,	is answered "Y	es.")		
			Beginning	of tax year		End of	f tax year	
		Assets	(a)	(b)	(c)		(d)	
			· · · · · · · · · · · · · · · · · · ·					
		tes and accounts receivable.			·		 	
þ	Less allo	wance for bad debts						
		es			-			
4	U.S. Gov	ernment obligations						
5	Tax-exen	npt securities					 	
6	Other cu	rrent assets (attach statement)						
		partners (or persons related to					 	
ı	partners)							
		and real estate loans						
		estments (attach statement)					 	
		and other depreciable assets	·					
		umulated depreciation						
		e assets					 	
b 1	_ess_acci	umulated depletion		<u> </u>			 	
11	and (net	of any amortization)		·	 		<u> </u>	
		assets (amortizable only)	-					
		umulated amortization		<u> </u>				
	coo acci	aniquated amortization.						

CAT	CKEDIT	VALUE	FUNDS	В	TV
Form 9	1865 (2022)				

	Balance Sheets per I	Books. (Not	required i	f Item H1	1, page 1, i	s answered "Ye		
		ļ	Beginning	of tax year	.	 		tax year
3 Other assets	(attach statement)	(a	' ——		(b)	(c)		(d)
	(and on state ment)							
	ilities and Capital					 		
	/able		j					
	, bonds payable in less than 1 year							
	t liabilities (attach statement)				·	 		
All nonrecour	se loans				-			
	ers (or persons related to partners)					·	· ·	
	, bonds payable in 1 year or more					-		
	es (attach statement)							
Partners' cap	ital accounts	<u>-</u>		<u>.</u> .				
Total liabilitie	s and capital							
chedule M	Balance Sheets for	Interest All	ocation			<u> </u>		
						(a)	T	(b)
					Be	ginning of		End of
-						tax year		tax year
Total U.S. as	sets				•			
Total foreign								
a Passive cate	gory			<i>.</i>	. <u> </u>			
o General cale	gory							
b Other (attac	h statement)	<u></u>	<u> </u>	<u> </u>	<u>. </u>			
Income inclu	(loss) per books	ered "Yes.")		6 Inc yea line	ome recorded not include s 1 through 1	on books this ta d on Schedule k l (itemize):	x	Moc required if i
Income includines 1, 2, 3c and 11, not this tax year \$ Guaranteed than health in Expenses rethis tax year Schedule K, 13d, and 21	(loss) per books	ereu Tes. ,		6 Inc yea line a Ta: 7 Dec K, I cha	ome recorded r not include s 1 through 14 c-exempt inte	on books this tad on Schedule kel (itemize): prest \$ ded on Schedule kel (itemize): 13d, and 21, no book income this	x,	Not required if if
Income includines 1, 2, 3c and 11, not this tax year \$ Guaranteed than health in Expenses rethis tax year Schedule K, 13d, and 21 Depreciation	(loss) per books	ereu Tes.		6 Inc yea line a Tax 7 Dec K, I cha tax a De	ome recorded r not include s 1 through 1° c-exempt interpretations includes 1 through rged against year (itemize):	on books this ta d on Schedule K l (itemize): erest \$ ded on Schedule n 13d, and 21, no book income this	x,	Not required if it
Income includines 1, 2, 3c and 11, not this tax year \$	(loss) per books	ereu Tes.,		6 Inc yea line a Tax 7 Dec K, I cha tax a De	ome recorded r not include s 1 through 1° c-exempt interpretations includes 1 through 1° c-exempt interpretations includes 1 through 1° c-exempt interpretation \$	on books this ta d on Schedule K l (itemize): erest \$ ded on Schedule n 13d, and 21, no book income this	x , , , , , , , , , , , , , , , , , , ,	Not required if it
Income includines 1, 2, 3c and 11, not this tax year \$	(loss) per books	0.00		6 Inc yea line a Ta: 7 Dec K, I cha tax a De	ome recorded r not include s 1 through 1/4-exempt interpretations includes 1 through 1/4-exempt interpretation special includes 1 through 1/4-exempt interpretation special includes 1 through 1/4-exempt includes 1 thr	on books this tad on Schedule K (itemize): prest \$ ded on Schedule 1 13d, and 21, no book income this	x (, , , , , , , , , , , , , , , , , , ,	
Income includines 1, 2, 3c and 11, not this tax year \$	(loss) per books	0.00		6 Inc yea line a Ta: 7 Dec K, I cha tax a De 8 Add 9 Incc fror	ome recorded r not include s 1 through 1/4-exempt interpretations includes 1 through 1/4-exempt interpretation \$ 1 through 1/4-exempt interpretation \$ 1 through 1/4-exempt interpretation \$ 1 through 1/4-exempt interpretation \$ 1 through 1/4-exempt includes \$ 1 through 1/4-exempt includ	on books this tad on Schedule K (itemize): brest \$ ded on Schedule 13d, and 21, no book income this 7 Subtract line 8	x (,	
Income includines 1, 2, 3c and 11, not this tax year \$ Guaranteed than health in Expenses rethis tax year Schedule K, 13d, and 21 Depreciation Travel and er Add lines 1 the dule M-2 Balance at best and the state of the state o	(loss) per books	0.00		6 Inc yea line a Ta: 7 Dec K, I cha tax a De 8 Add 9 Incc fror	come recorded r not include s 1 through 14 c-exempt interpretations includes 1 through	on books this tad on Schedule K (itemize): strest \$ ded on Schedule 1 13d, and 21, no book income this 7 Subtract line 8	x x x x x x x x x x x x x x x x x x x	
Income includines 1, 2, 3c and 11, not this tax year \$	(loss) per books	0.00		6 Inc yea line a Tax 7 Dec K, i cha tax a De 8 Add 9 Incc fror ot requin 6 Dist	ome recorded r not include s 1 through 1° c-exempt interpretations includes 1 through 1° c-exempt interpretations includes 1 through 1° c-exempt interpretation \$	on books this ta d on Schedule K l (itemize): prest \$ ded on Schedule n 13d, and 21, no book income this 7 Subtract line 8 11, page 1, is a Cash Property	x , , , , , , , , , , , , , , , , , , ,	
Income includines 1, 2, 3c and 11, not this tax year \$	(loss) per books	Capital Ac		6 Inc yea line a Tax 7 Dec K, i cha tax a De 8 Add 9 Incc fror ot requin 6 Dist	ome recorded r not include s 1 through 1° c-exempt interpretations includes 1 through 1° c-exempt interpretations includes 1 through 1° c-exempt interpretation \$	on books this tad on Schedule K (itemize): strest \$ ded on Schedule 1 13d, and 21, no book income this 7 Subtract line 8	x , , , , , , , , , , , , , , , , , , ,	
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Income inclu lines 1, 2, 3c and 11, not this tax year Suaranteed than health ir Expenses re this tax yea Schedule K, 13d, and 21 Depreciation Travel and er Add lines 1 ti hedule M-2 Balance at be Capital contri	(loss) per books	Capital Ac		6 Inc yea line a Tax 7 Dec K, I cha tax a De 8 Add 9 Incc fror of require 6 Dist	ome recorded r not include s 1 through 17 c-exempt interpretations includes 1 through 19 de against year (itemize): preclation \$ lines 6 and ome (loss). In line 5 ed if Item H ributions: a ber decreases	on books this ta d on Schedule K l (itemize): brest \$ ded on Schedule 1 13d, and 21, no book income this 7 Subtract line 8 11, page 1, is a Cash It (itemize): \$	x (,	
Income includines 1, 2, 3c and 11, not this tax year \$	(loss) per books	Capital Ac		6 Inc yea line a Tax 7 Dec K, I cha tax a De 8 Add 9 Incc fror of requir 6 Dist 7 Oth	ome recorded r not include s 1 through 14 c-exempt interpretations includes 1 through 19 de against year (itemize): preciation \$ lines 6 and ome (loss). In line 5 ed if Item H ributions; a ber decreases	on books this tad on Schedule K (itemize): brest \$ ded on Schedule 13d, and 21, no book income this 7 Subtract line 8 11, page 1, is a Cash (itemize): \$ 7	x (,	
Income includines 1, 2, 3c and 11, not this tax year \$	(loss) per books	Capital Ac		6 Inc yea line a Ta: 7 Dec K, I cha tax a De 8 Add 9 Incc fror ot requin 6 Dist 7 Oth 8 Add 9 Bala	ome recorded r not include s 1 through 1/4-c-exempt interference 1 through 1/4-c-exempt interference 2 through 1/4-c-exempt interference 3	on books this ta d on Schedule K l (itemize): brest \$ ded on Schedule 1 13d, and 21, no book income this 7 Subtract line 8 11, page 1, is a Cash It (itemize): \$	x (,	

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

					
	Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1	Sales of inventory				
2	Sales of property rights (patents, trademarks, etc.)				-
3	Compensation received for technical, managerial, engineering, construction, or like services				
	Commissions received				
5	Rents, royalties, and license fees received				
6	Distributions received				
	Interest received				
′	interest received				
8	Other				
9	Add lines 1 through 8				
10	Purchases of inventory				
11	Purchases of tangible property other than inventory				
12	Purchases of property rights (patents, trademarks, etc.)				
13	Compensation paid for	***	· · · · · · · · · · · · · · · · · · ·		
	technical, managerial,				
	engineering, construction, or	İ			
	like services				
4.4				· · · · · · · · · · · · · · · · · · ·	
	Commissions paid				
15	Rents, royalties, and license fees paid				
16	Distributions paid				
	Interest paid		····		
	Other				
19	Add lines 10 through 18				
20	Amounts borrowed (enter the	j			
	maximum loan balance				
	during the tax year). See				
	instructions				
21	Amounts loaned (enter the				
	maximum loan balance				
	during the tax year). See				
	instructions				

Form 8865 (2022)

SCHEDULE O (Form 8865) (Rev. October 2021)

Transfer of Property to a Foreign Partnership (Under Section 6038B)

► Attach to Form 8865. See the Instructions for Form 8865.

► Go to www.irs.gov/Form8865 for Instructions and the latest information.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service					structions and th						
Name of transferor							Filer's iden	lifying numbe	er		
CVI CREDIT VA	LUE FUNDS	B IV LP					20-835				
Name of foreign partnersh	qlr			EIN (If a	any)		Reference	D number (s	ee instruc	tions)	
CVI CREDIT VA	LUE FUNDS	B IV LP		98-1	1355941						
1a Is the partne	rship a sectio	on 721(c) par	tnership (as de	afined in	n Regulations s	ection 1.	.721(c)-1T	(b)(14))?		-	
See Instruction	ns								Ye	s X	Νo
b If "Yes," was the	ne gain deferra	al method appli	ed to avoid the	recogni	tion of gain upon	the cont	ribution of	property?	Ye	s	No
Was any inta	ngible proper	ty transferred	considered or	anticipa	ated to be, at th	e time o	t the trans	fer or at		-	
				in Regu	lations section	1.482-7(0	:)(1)?	<u> </u>	Ye	s y	∢ No
Part I Transfe	rs Reportabl	e Under Sect	ion 6038B								
Type of property	(a) Date of transfer	(b) Description o property	(c) f Fair market on date of tr		(d) Cost or other basis	Rec	(e) overy period	(f) Section 7 allocation r		(g) Gain recogni on transfe	
Cash	12/31/2022		225	,000.							
Stock, notes											
receivable and											
payable, and other											
securities											
<u></u>								1			
Inventory								<u> </u>			
,											
						-					
Tangib le								 			
property											
used in trade or business										TIME TO A STATE OF THE STATE OF	
	-										
Intangible											
property described in											
section 197(f)(9)						_					
**************************************	<u> </u>		+			_		 			
Intangible property,								 			
other than intangible property described								<u> </u>	-+		····
in section 197(f)(9)	<u> </u>							 	-		
	+								- 		
Other									- 		
property									-		
										H	
Totals			225	5,000.							—
3 Enter the tra	nsferor's per	centage intere	est in the partne	ership: (a	a) Before the trans	fer (0.076 %	(b) After th	e transfe	r 0.	076%
Supplemental Info											
.,	_				·						

										-	
								, ···-			
Part Dispos	itions Report	able Under S	ection 6038B								
(a)	(b)	(c)	(d)		(e)	(° Depre	f) clation	(g)		(h)	
Type of	Date of original transfer	Date of disposition	Manner of disposition		Gain recognized by partnership	reca	pture inized	Gain alloca to partne		Depreciat recapture alk	
property	original translet	disposition	uisposition		by partitionally	by part	nership	to partire	*	to partne	er
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									\longrightarrow		
									$oldsymbol{\bot}$		
用 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	•		-	_	ain recognition					r	1
section										es X	
For Paperwork Redu	iction Act Noti	ce, see the Ins	tructions for For	m 8865,				Sch	redule O	(Form 8865)	10-2021

FORM 8865, PAGE 1 DETAIL

ITEM H3 - AGENT IN COUNTRY OF ORIGIN

NAME LINE 1: CVI CREDIT VALUE FUNDS B IV LP
ADDRESS LINE 1: 1601 UTICA AVENUE SOUTH
ADDRESS LINE 2: SUITE 1000
CITY: MINNEAPOLIS

STATE: ZIP:

MN 55416

ITEM H4 - CUSTODIAN OF BOOKS AND RECORDS

NAME LINE 1: CVI CREDIT VALUE FUNDS B IV LP ADDRESS LINE 1: 1601 UTICA AVENUE SOUTH ADDRESS LINE 2: SUITE 1000 CITY: MINNEAPOLIS

STATE:

MN

ZIP:

55416