

Return of Organization Exempt From Income Tax

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

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

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

A For the 2022 calendar year, or tax year beginning 07/01/2022 and ending 06/30/2023

B Check if applicable: C Name of organization: GOODWILL OF NORTH GEORGIA, INC. D Employer identification number: 20-8351046 E Telephone number: (404) 420-9900 F Name and address of principal officer: KEITH T. PARKER, 2201 LAWRENCEVILLE HWY STE 300, DECATUR, GA 30033 G Gross receipts \$ 207,897,988. H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527 J Website: WWW.GOODWILLNG.ORG K Form of organization: X Corporation Trust Association Other L Year of formation: 2007 M State of legal domicile: GA

Part I Summary

Table with 7 columns: Line number, Description, Prior Year, Current Year. Rows include: 1 Mission: SEE SCHEDULE O; 2-7 Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

COPY FOR PUBLIC INSPECTION

Part II Signature Block

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

Sign Here: Signature of officer Timothy A. O'Connell, Date 05/15/2024, Title CFO. Paid Preparer: SABRE J LINAHAN, Date 05/15/2024, Firm: SMITH & HOWARD ADVISORY, LLC, Address: 271 17TH STREET, NW SUITE 1600 ATLANTA, GA 30363.

For Paperwork Reduction Act Notice, see the separate instructions. X Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE ORGANIZATION EXISTS TO PROVIDE EMPLOYMENT, REHABILITATIVE SERVICES, JOB TRAINING, AND JOB PLACEMENT SERVICES FOR PERSONS WITH DISABILITIES OR DISADVANTAGING CONDITIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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

4a (Code: ) (Expenses \$ 134,553,529. including grants of \$ 500,000. ) (Revenue \$ ) STORE SALES - GOODWILL OF NORTH GEORGIA'S MISSION IS TO PUT PEOPLE TO WORK. WE ACHIEVE THIS BY PROVIDING A VAST ARRAY OF JOB TRAINING AND EMPLOYMENT SERVICES TO THOUSANDS OF INDIVIDUALS EACH YEAR. IN FISCAL YEAR 2023, WE SERVED OVER 3.3 MILLION DONORS AT 47 COLLECTION SITES AND SERVED OVER 8 MILLION CUSTOMERS AT 69 GOODWILL STORES. THE PROCEEDS FROM OUR DONATED GOODS PROGRAM HELP FUND OUR MISSION-RELATED PROGRAMS, SERVICES, FOURTEEN CAREER CENTERS ACROSS NORTH GEORGIA, AND CAREERCONNECTOR.ORG. OUR STORES ALSO SERVE AS REAL-WORLD, ON-THE-JOB TRAINING SITES FOR SOME OF OUR PROGRAM PARTICIPANTS.

4b (Code: ) (Expenses \$ 17,993,690. including grants of \$ ) (Revenue \$ 2,631,702. ) SEE SCHEDULE O

4c (Code: ) (Expenses \$ 4,698,800. including grants of \$ ) (Revenue \$ ) E-COMMERCE - E-COMMERCE SALES INCLUDE SALES OF DONATED BOOKS ON AMAZON, DONATED JEWELRY, AMONG OTHER ITEMS, ON SHOPGOODWILL.COM, AND SHIPPING REVENUE. E-COMMERCE SALES ARE SOLD FOB SHIPPING AND THEREFORE, SALES ARE RECORDED WHEN THE GOODS ARE SHIPPED, THE POINT AT WHICH THE PERFORMANCE OBLIGATION FOR EACH INDIVIDUAL ITEM IS MET.

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O (Expenses \$ 236,850. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 157,482,869.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Contains 21 main questions and sub-questions (a-f) regarding organizational requirements and reporting.

JSA 2E1021 1.000

0836TO 9242 05/15/2024 12:59:08 V22-7.11 24068

PUBLIC INSPECTION COPY

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and financial reporting.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and gaming winnings.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, federal employment tax returns, unrelated business income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and various organizational requirements.

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

Section A. Governing Body and Management

X

Table with columns for question number, description, and Yes/No responses. Includes questions 1a through 9 regarding governing body members, relationships, and documentation.

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

Table with columns for question number, description, and Yes/No responses. Includes questions 10a through 16b regarding organizational policies, whistleblower protection, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed GA,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

404-420-9900

TIMOTHY A. O'CONNELL 2201 LAWRENCEVILLE HIGHWAY, SUITE 300 DECATUR, GA 300

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

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

**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 compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KEITH PARKER CHIEF EXECUTIVE OFFICER	37.00 3.00	X		X				856,175.	NONE	41,950.
(2) DELFIA MCKINNEY VP DONATED GOODS	40.00 NONE				X			721,200.	NONE	21,286.
(3) SCOTT A. PARRY VP FACILITIES SERVICES	40.00 NONE					X		528,605.	NONE	43,903.
(4) ELAINE ARMSTRONG VP MARKETING	39.00 1.00					X		506,257.	NONE	36,501.
(5) ANGELA L. STAUP VP HUMAN RESOURCES (-02/23)	38.00 2.00					X		456,730.	NONE	19,998.
(6) MARIANGELA CORALES VP GENERAL COUNSEL LEGAL	38.00 2.00					X		420,903.	NONE	21,811.
(7) JENNY R. TAYLOR VP CAREER SERVICES	40.00 NONE				X			402,163.	NONE	24,752.
(8) TIMOTHY A. O'CONNELL CHIEF FINANCE OFFICER	38.00 2.00			X				345,363.	NONE	1,668.
(9) BRIAN EAST, JR. EXECUTIVE DIRECTOR, DGR	40.00 NONE					X		245,540.	NONE	33,988.
(10) KIRK HALPERN IMMEDIATE PAST CHAIR	0.75 0.25	X		X				NONE	NONE	NONE
(11) DR. KOFI SMITH BOARD CHAIR	0.75 0.25	X		X				NONE	NONE	NONE
(12) ELLEN STERN SECRETARY	0.75 0.25	X		X				NONE	NONE	NONE
(13) SOLANGE CLAUDIO DIRECTOR	0.75 0.25	X						NONE	NONE	NONE
(14) ANDRE DICKENS DIRECTOR	0.75 0.25	X						NONE	NONE	NONE

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
( 15) EDWARD FERGUSON TREASURER	0.75 0.25	X		X			NONE	NONE	NONE
( 16) B. AUBREY HARELL DIRECTOR	0.75 0.25	X					NONE	NONE	NONE
( 17) MARK HOFFMAN DIRECTOR	0.75 0.25	X					NONE	NONE	NONE
( 18) DR. ELOISA KLEMENTICH DIRECTOR	0.75 0.25	X					NONE	NONE	NONE
( 19) DANIEL MILLER DIRECTOR	0.75 0.25	X					NONE	NONE	NONE
( 20) C. DAVID MOODY, JR. DIRECTOR	0.75 0.25	X					NONE	NONE	NONE
( 21) ERICA QUALLS-BATTEY DIRECTOR	0.75 0.25	X					NONE	NONE	NONE
( 22) DR. DERETTA COLE RHODES VICE CHAIR	0.75 0.25	X		X			NONE	NONE	NONE
( 23) NATOSHA REID RICE DIRECTOR	0.75 0.25	X					NONE	NONE	NONE
( 24) CAROL WADDY DIRECTOR	0.75 0.25	X					NONE	NONE	NONE
( 25) KYLE WAIDE DIRECTOR	0.75 0.25	X					NONE	NONE	NONE
<b>1b Sub-total</b>							4,482,936.	NONE	245,857.
<b>c Total from continuation sheets to Part VII, Section A</b>							NONE	NONE	NONE
<b>d Total (add lines 1b and 1c)</b>							4,482,936.	NONE	245,857.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 25

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

**Section B. Independent Contractors**

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

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

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





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	144,745.			
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	220,164.			
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	4,725,069.			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	169,221,414.			
	<b>g</b> Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 165,749,406.			
	<b>h</b> Total. Add lines 1a-1f . . . . .			174,311,392.		
<b>Program Service Revenue</b>	<b>2a</b> REVENUE - FACILITY CONTRACTS	Business Code				
		561720	955,925.	955,925.		
	<b>b</b> REVENUE - VOCATIONAL SERVICES	624310	425,777.	425,777.		
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue . . . . .					
<b>g</b> Total. Add lines 2a-2f . . . . .			1,381,702.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		713,522.			713,522.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		NONE			
	<b>5</b> Royalties . . . . .		NONE			
	<b>6a</b> Gross rents . . . . .	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses					
	<b>c</b> Rental income or (loss)	NONE NONE				
	<b>d</b> Net rental income or (loss) . . . . .			NONE		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other	26,617,555. 11,729.			
	<b>b</b> Less: cost or other basis and sales expenses . . . . .		26,222,272.			
	<b>c</b> Gain or (loss) . . . . .		395,283. 11,729.			
	<b>d</b> Net gain or (loss) . . . . .			407,012.		407,012.
	<b>8a</b> Gross income from fundraising events (not including \$ 220,164. of contributions reported on line 1c). See Part IV, line 18 . . . . .		198,836.			
	<b>b</b> Less: direct expenses . . . . .		197,645.			
	<b>c</b> Net income or (loss) from fundraising events . . . . .			1,191.		1,191.
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .		NONE			
<b>b</b> Less: direct expenses . . . . .		NONE				
<b>c</b> Net income or (loss) from gaming activities . . . . .			NONE			
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .		3,413,252.				
<b>b</b> Less: cost of goods sold . . . . .		1,912,949.				
<b>c</b> Net income or (loss) from sales of inventory . . . . .			1,500,303.		1,500,303.	
<b>Miscellaneous Revenue</b>	<b>11a</b> ADMINISTRATIVE FEES	Business Code				
			960,000.	960,000.		
	<b>b</b> OTHER INCOME		290,000.	290,000.		
	<b>c</b>					
	<b>d</b> All other revenue . . . . .					
<b>e</b> Total. Add lines 11a-11d . . . . .			1,250,000.			
<b>12</b> Total revenue. See instructions . . . . .			179,565,122.	2,631,702.		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

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

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash - non-interest-bearing	11,988,832.	1	2,667,880.
	2	Savings and temporary cash investments	NONE	2	NONE
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	9,501,293.	4	6,276,339.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
	7	Notes and loans receivable, net	6,648,000.	7	6,648,000.
	8	Inventories for sale or use	3,365,627.	8	4,113,925.
	9	Prepaid expenses and deferred charges	3,443,786.	9	1,467,115.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 276,495,430.		
	b	Less: accumulated depreciation	10b 125,969,575.		
			165,940,294.	10c	150,525,855.
	11	Investments - publicly traded securities	88,023,025.	11	98,218,248.
	12	Investments - other securities. See Part IV, line 11	50,616,934.	12	45,428,601.
	13	Investments - program-related. See Part IV, line 11	NONE	13	NONE
	14	Intangible assets	NONE	14	NONE
15	Other assets. See Part IV, line 11	894,318.	15	6,164,957.	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	340,422,109.	16	321,510,920.	
Liabilities	17	Accounts payable and accrued expenses	132,931,443.	17	101,911,238.
	18	Grants payable	NONE	18	NONE
	19	Deferred revenue	623,104.	19	1,578,806.
	20	Tax-exempt bond liabilities	21,662,639.	20	19,899,678.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NONE
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	NONE	22	NONE
	23	Secured mortgages and notes payable to unrelated third parties	NONE	23	NONE
	24	Unsecured notes and loans payable to unrelated third parties	19,687,171.	24	17,236,038.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	9,826,307.	25	9,861,293.
	26	<b>Total liabilities.</b> Add lines 17 through 25	184,730,664.	26	150,487,053.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	154,987,157.	27	170,311,599.
	28	Net assets with donor restrictions	704,288.	28	712,268.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	<b>Total net assets or fund balances</b>	155,691,445.	32	171,023,867.	
33	<b>Total liabilities and net assets/fund balances</b>	340,422,109.	33	321,510,920.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	179,565,122.
2	Total expenses (must equal Part IX, column (A), line 25)	2	172,277,366.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,287,756.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	155,691,445.
5	Net unrealized gains (losses) on investments	5	8,519,191.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-474,525.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	171,023,867.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	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 forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . .	X	

**SCHEDULE A**  
**(Form 990)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

GOODWILL OF NORTH GEORGIA, INC.

Employer identification number

20-8351046

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

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

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

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

For Paperwork Reduction Act Notice, see the instructions for Form 990 or 990-EZ.

Schedule A (Form 990) 2022

JSA  
2E1210 1.000

**PUBLIC INSPECTION COPY**

0836TO 9242 05/15/2024 12:59:08 V22-7.11 24068

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

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other Income; 11 Total support; 12 Gross receipts from related activities; 13 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2022 (98.88%); 15 Public support percentage from 2021 Schedule A, Part II, line 14 (98.70%); 16a 33 1/3% support test - 2022 (checked); 17a 10%-facts-and-circumstances test - 2022; 18 Private foundation.

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf; 5 The value of services or facilities furnished by a governmental unit to the organization without charge; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First 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

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 - 18 - %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . [ ]

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . [ ]

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . [ ]



**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11a, 11b, 11c regarding gift acceptance.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2 regarding governing body and benefit.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1 regarding directors/trustees.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3 regarding support provided and relationship.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows a, b, c regarding method of support and activities.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

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

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017 . . . . .		
b	From 2018 . . . . .		
c	From 2019 . . . . .		
d	From 2020 . . . . .		
e	From 2021 . . . . .		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	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	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018 . . . .		
b	Excess from 2019 . . . .		
c	Excess from 2020 . . . .		
d	Excess from 2021 . . . .		
e	Excess from 2022 . . . .		

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990.

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

Name of the organization

Employer identification number

GOODWILL OF NORTH GEORGIA, INC.

20-8351046

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions, 3 Aggregate value of grants, 4 Aggregate value at end of year, 5-6 Did the organization inform donors and grantees...

Part II Conservation Easements.

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

Form with multiple sections: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3-8 Additional questions about monitoring and expenses.

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

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

Form with sections: 1a-1b If the organization elected, as permitted under FASB ASC 958, not to report... 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

Schedule D (Form 990) 2022

JSA 2E1288 1.000

PUBLIC INSPECTION COPY

0836TO 9242 05/15/2024 12:59:08 V22-7.11 24068

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment 92.3500 %
c Term endowment 7.6500 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

Table with columns Yes, No and rows 3a(i) Unrelated organizations, 3a(ii) Related organizations, 3b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Table with columns (a) Cost or other basis (Investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other, (A) MONEY MARKET, (B) ALTERNATIVE INVESTMENTS, (C), (D), (E), (F), (G), (H), and Total.

Part VIII Investments - Program Related.

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

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows (1) through (9) and Total.

Part IX Other Assets.

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

Table with 2 columns: (a) Description, (b) Book value. Rows (1) through (9) and Total.

Part X Other Liabilities.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, (2) OTHER LIABILITIES, (3) through (9), and Total.

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	
<b>5</b>	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	
<b>5</b>	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		<b>5</b>	

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE SUPPLEMENTAL PAGE



**Part XIII Supplemental Information (continued)**

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**

OMB No. 1545-0047

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

GOODWILL OF NORTH GEORGIA, INC.

Employer identification number

20-8351046

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	NONE	NONE	INVESTMENTS		10,131,936.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a Subtotal</b> .....	NONE	NONE			10,131,936.
<b>b Total from continuation sheets to Part I</b> .....					
<b>c Totals (add lines 3a and 3b)</b>	NONE	NONE			10,131,936.

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

Schedule F (Form 990) 2022

JSA  
2E1274 1.000

**PUBLIC INSPECTION COPY**

0836TO 9242 05/15/2024 12:59:08 V22-7.11 24068

**Part II**

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

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

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

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  Yes  No

Schedule F (Form 990) 2022

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public  
Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

GOODWILL OF NORTH GEORGIA, INC.

20-8351046

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more 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 (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	419,000.		419,000.
	2	Less: Contributions	220,164.		220,164.
	3	Gross income (line 1 minus line 2)	198,836.		198,836.
Direct Expenses	4	Cash prizes	10,000.		10,000.
	5	Noncash prizes			
	6	Rent/facility costs	61,067.		61,067.
	7	Food and beverages	124,078.		124,078.
	8	Entertainment	2,500.		2,500.
	9	Other direct expenses			
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				1,191.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  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?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 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?  Yes  No
- 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 ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_  
 Gaming manager compensation ▶ \$ \_\_\_\_\_  
 Description of services provided ▶ \_\_\_\_\_  
 Director/officer     Employee     Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2022**  
Open to Public  
Inspection

Name of the organization  
**GOODWILL OF NORTH GEORGIA, INC.**

Employer identification number  
**20-8351046**

**Part I General Information on Grants and Assistance**

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

**3** Enter total number of other organizations listed in the line 1 table

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

**Part III 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.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 RENTAL ASST	127	500,000.			
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

GRANTS

GRANTS ARE AWARDED BASED ON NEED.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

GOODWILL OF NORTH GEORGIA, INC.

Employer identification number

20-8351046

**Part I Questions Regarding Compensation**

		Yes	No								
<p><b>1a</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>				<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)										
<b>b</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 . . . . .		<b>1b</b>									
<b>2</b> 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? . . . . .		<b>2</b>									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>				<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<b>4</b> 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:											
<b>a</b> Receive a severance payment or change-of-control payment? . . . . .		<b>4a</b>	X								
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .		<b>4b</b>	X								
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? . . . . .		<b>4c</b>	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.											
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>											
<b>5</b> 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:											
<b>a</b> The organization? . . . . .		<b>5a</b>	X								
<b>b</b> Any related organization? . . . . .		<b>5b</b>	X								
If "Yes" on line 5a or 5b, describe in Part III.											
<b>6</b> 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:											
<b>a</b> The organization? . . . . .		<b>6a</b>	X								
<b>b</b> Any related organization? . . . . .		<b>6b</b>	X								
If "Yes" on line 6a or 6b, describe in Part III.											
<b>7</b> 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 . . . . .		<b>7</b>	X								
<b>8</b> 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 . . . . .		<b>8</b>	X								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .		<b>9</b>									

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

Schedule J (Form 990) 2022

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KEITH PARKER CHIEF EXECUTIVE OFFICER	(i) 698,937. (ii) NONE (iii) NONE	157,238. NONE	NONE NONE	10,451. NONE	36,401. NONE	903,027. NONE	NONE
2 DELFIA MCKINNEY VP DONATED GOODS	(i) 418,281. (ii) NONE (iii) NONE	107,077. NONE	195,842. NONE	12,369. NONE	11,539. NONE	745,108. NONE	NONE
3 TIMOTHY A. O'CONNELL CHIEF FINANCE OFFICER	(i) 282,130. (ii) NONE (iii) NONE	38,094. NONE	25,139. NONE	1,668. NONE	4,902. NONE	351,933. NONE	NONE
4 SCOTT A. PARRY VP FACILITIES SERVICES	(i) 262,278. (ii) NONE (iii) NONE	56,902. NONE	209,425. NONE	16,436. NONE	34,991. NONE	580,032. NONE	NONE
5 ELAINE ARMSTRONG VP MARKETING	(i) 248,260. (ii) NONE (iii) NONE	56,096. NONE	201,901. NONE	20,500. NONE	17,141. NONE	543,898. NONE	NONE
6 JENNY R. TAYLOR VP CAREER SERVICES	(i) 244,324. (ii) NONE (iii) NONE	NONE NONE	157,839. NONE	6,654. NONE	20,720. NONE	429,537. NONE	NONE
7 MARIANGELA CORALIES VP GENERAL COUNSEL LEGAL	(i) 236,013. (ii) NONE (iii) NONE	52,538. NONE	132,352. NONE	5,810. NONE	17,710. NONE	444,423. NONE	NONE
8 ANGELA L. STAUP VP HUMAN RESOURCES (-02/23)	(i) 227,449. (ii) NONE (iii) NONE	50,608. NONE	178,673. NONE	9,780. NONE	12,840. NONE	479,350. NONE	NONE
9 BRIAN EAST, JR. EXECUTIVE DIRECTOR, DGR	(i) 210,110. (ii) NONE (iii) NONE	35,430. NONE	NONE NONE	14,604. NONE	25,549. NONE	285,693. NONE	NONE
10	(i) NONE (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE
11	(i) NONE (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE
12	(i) NONE (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE
13	(i) NONE (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE
14	(i) NONE (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE
15	(i) NONE (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE
16	(i) NONE (ii) NONE (iii) NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE NONE NONE	NONE

**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.



**Part III Private Business Use**

TAX-EXEMPT BOND LIABILITIES

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .								
2 Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .	X							
3a Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .								
c Are there any research agreements that may result in private business use of bond-financed property? . . . . .								
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .								
6 Total of lines 4 and 5 . . . . .								
7 Does the bond issue meet the private security or payment test? . . . . .	X		X		X		X	
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X						X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X		X		X		X	

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X				X		X
2 If "No" to line 1, did the following apply? . . . . .								
a Rebate not due yet? . . . . .		X		X		X		X
b Exception to rebate? . . . . .	X		X		X		X	
c No rebate due? . . . . .		X		X		X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
3 Is the bond issue a variable rate issue? . . . . .	X		X		X		X	





**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

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

**2022**

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**GOODWILL OF NORTH GEORGIA, INC.**

Employer identification number  
**20-8351046**

**Part I Bond Issues**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
<b>A</b>	DEVELOPMENT AUTHORITY OF FLOYD COUNTY	23-7182908	000000000	06/08/2011	3,300,000.	CONSTRUCTION - FLOYD		X			X	X
<b>B</b>	DEVELOPMENT AUTHORITY OF FORSYTH COUNTY	58-2390514	000000000	06/08/2011	4,900,000.	CONSTRUCTION - FORSYTH		X			X	X
<b>C</b>	DEVELOPMENT AUTHORITY OF FULTON COUNTY	58-1506878	000000000	11/15/2012	5,000,000.	CONSTRUCTION - FULTON		X			X	X
<b>D</b>	<b>Part II Proceeds</b>											

	A		B		C		D		
	2011	2012	2011	2012	2011	2012	2011	2012	
1	Amount of bonds retired	1,440,644.	2,142,175.		809,835.				
2	Amount of bonds legally defeased								
3	Total proceeds of issue	3,300,000.	4,900,000.		6,000,000.				
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds	39,330.	98,563.		391,558.				
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	66,000.	79,239.		108,678.				
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds		120,862.						
10	Capital expenditures from proceeds		4,601,337.		5,499,764.				
11	Other spent proceeds	3,194,670.							
12	Other unspent proceeds								
13	Year of substantial completion	2011	2012						
14	Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	Yes	No	Yes	No	Yes	No	Yes	No
15	Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule K (Form 990) 2022

**Part III Private Business Use**

TAX-EXEMPT BOND LIABILITIES

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .								
2 Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .								
c Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .								%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . .								%
6 Total of lines 4 and 5 . . . . .								%
7 Does the bond issue meet the private security or payment test? . . . . .	X		X		X			%
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X		X		%
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .			X					%
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .	X				X			%

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X				X		
2 If "No" to line 1, did the following apply? . . . . .								
a Rebate not due yet? . . . . .		X		X		X		
b Exception to rebate? . . . . .	X		X		X		X	
c No rebate due? . . . . .		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed. . . . .								
3 Is the bond issue a variable rate issue? . . . . .	X		X		X			

PUBLIC INSPECTION COPY



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

BOND ISSUES

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

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

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

FOR ANY OTHER PURPOSE.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

GOODWILL OF NORTH GEORGIA, INC.

Employer identification number

20-8351046

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .	X		6,261,563.	RESALE VALUE
5 Clothing and household goods . . . . .	X		151,587,268.	RESALE VALUE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	1	10,473.	STOCK QUOTE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .	X		2,108,803.	RESALE VALUE
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( MISC ITEMS ) . . . . .	X		5,781,300.	SEE PART II
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29**

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

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

Schedule M (Form 990) 2022

JSA

2E1298 1.000

0836TO 9242 05/15/2024 12:59:08 V22-7.11 24068

**PUBLIC INSPECTION COPY**

**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**

OMB No. 1545-0047

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](http://www.irs.gov/form990).

**2022**

**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

**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  
Internal Revenue Service

Name of the organization

GOODWILL OF NORTH GEORGIA, INC.

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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**

OMB No. 1545-0047

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](http://www.irs.gov/form990).

**2022**

**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

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

Employer identification number

GOODWILL OF NORTH GEORGIA, INC.

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.

Name of the organization

Employer identification number

GOODWILL OF NORTH GEORGIA, INC.

20-8351046

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

DESCRIPTION	GRANTS	EXPENSES	REVENUE
SALVAGE		236,850.	
TOTALS		236,850.	

**SCHEDULER  
(Form 990)**

**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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

GOODWILL OF NORTH GEORGIA, INC.

Employer identification number

20-8351046

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)	GOODWILL OF NORTH GEORGIA DEV. CO. I 84-4036366 2201 LAWRENCEVILLE HIGHWAY, ST DECATUR, GA 30033	JOB PLACEMENT	GA		NONE	GNG, INC.
(2)						
(3)						
(4)						
(5)						
(6)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section (if section 501(c)(3))	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
							Yes No
(1)	GOODWILL INDUSTRIES OF NORTH GA, INC. 58-0566193 2201 LAWRENCEVILLE HIGHWAY DECATUR, GA 30033	JOB PLACEMENT	GA	501 (C) (3)	LINE 10	N/A	X
(2)	GOODWILL OF NORTH GEORGIA DEV. CO. II 85-1936726 2201 LAWRENCEVILLE HIGHWAY DECATUR, GA 30033	SUPPORTING OR	GA	501 (C) (3)	LINE 12a, I	GNG	X
(3)							
(4)							
(5)							
(6)							
(7)							

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

JSA

2E1307 1.000

Schedule R (Form 990) 2022

**PUBLIC INSPECTION COPY**

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

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

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

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

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

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

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
  - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.
  - b Gift, grant, or capital contribution to related organization(s).
  - c Gift, grant, or capital contribution from related organization(s).
  - d Loans or loan guarantees to or for related organization(s).
  - e Loans or loan guarantees by related organization(s).

- f Dividends from related organization(s).
- g Sale of assets to related organization(s).
- h Purchase of assets from related organization(s).
- i Exchange of assets with related organization(s).
- j Lease of facilities, equipment, or other assets to related organization(s).

- k Lease of facilities, equipment, or other assets from related organization(s).
- l Performance of services or membership or fundraising solicitations for related organization(s).
- m Performance of services or membership or fundraising solicitations by related organization(s).
- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).
- o Sharing of paid employees with related organization(s).

- p Reimbursement paid to related organization(s) for expenses.
- q Reimbursement paid by related organization(s) for expenses.

- r Other transfer of cash or property to related organization(s).
- s Other transfer of cash or property from related organization(s).

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

	(a) Name of related organization	(b) Transaction type (e - s)	(c) Amount involved	(d) Method of determining amount involved	
				1r	1s
(1)				X	
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

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

**Part VII** Supplemental Information

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

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.



**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor: GOODWILL OF NORTH GEORGIA, INC. Identifying number (see instructions)

- 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2 If the transferor was a corporation, complete questions 2a through 2d.
- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b Did the transferor remain in existence after the transfer?  Yes  No  
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	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 actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

- a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<u>MONTAUK TRIGUARD FUND VII, LP</u>	<u>81-2829807</u>

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c Is the partner disposing of its **entire** interest in the partnership?  Yes  No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

4 Name of transferee (foreign corporation) <u>VEPF V POLARIS BLOCKER</u>	5a Identifying number, if any <u>FOREIGNUS</u>
6 Address (including country) <u>MAPLES CORPORATION SERVICES LIMITED PO BOX 309 UGLAND HOUSE GRAND CAYMAN CJ KY1-1104</u>	5b Reference ID number (see instructions)
7 Country code of country of incorporation or organization (see instructions) <u>CJ</u>	
8 Foreign law characterization (see instructions) <u>PARTNERSHIP</u>	
9 Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

For Paperwork Reduction Act Notice, see separate instructions.

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

JSA  
 2X2808 2.000

**PUBLIC INSPECTION COPY**

0836TO 9242 05/15/2024 12:59:08 V22-7.11 24068

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Table with 6 columns: 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 transfer. Row 1: Cash

10 Was cash the only property transferred? . . . . .  Yes  No
If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Table with 6 columns: 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 transfer. Rows: Stock and securities (SEE STATEMENT 1), Inventory, Other property (not listed under another category), Property with built-in loss, Totals

- 11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? . . . . .  Yes  No
12a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? . . . . .  Yes  No
If "Yes," go to line 12b.
b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? . . . . .  Yes  No
If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? . . . . .  Yes  No
If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.
d Enter the transferred loss amount included in gross income as required under section 91 ▶ \$ \_\_\_\_\_
13 Did the transferor transfer property described in section 367(d)(4)? . . . . .  Yes  No
If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Table with 7 columns: Type of property, (a) Date of transfer, (b) Description of property, (c) Useful life, (d) Arm's length price on date of transfer, (e) Cost or other basis, (f) Income inclusion for year of transfer (see instructions). Row 1: Property described in sec. 367(d)(4), Totals

- 14a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c 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?  Yes  No
- d 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) ▶ \$ \_\_\_\_\_
- 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

**Supplemental 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 0.00007 %
- 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 Gain recognition under section 904(f)(3) . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F) . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d) . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987 . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20a 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  No
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c 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)? . . .  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions . . . . .  Yes  No

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor: GOODWILL OF NORTH GEORGIA, INC. Identifying number (see instructions):

- 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2 If the transferor was a corporation, complete questions 2a through 2d.
- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b Did the transferor remain in existence after the transfer?  Yes  No  
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	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 actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

- a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<u>MONTAUK TRIGUARD FUND VII, LP</u>	<u>81-2829807</u>

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c Is the partner disposing of its entire interest in the partnership?  Yes  No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

4 Name of transferee (foreign corporation) <u>BY MILES GROUP LTD.</u>	5a Identifying number, if any <u>FOREIGNUS</u>
6 Address (including country) <u>014 SHORTLANDS HAMMERSMITH LONDON UK W68DJ</u>	5b Reference ID number (see instructions)
7 Country code of country of incorporation or organization (see instructions) <u>UK</u>	
8 Foreign law characterization (see instructions) <u>PARTNERSHIP</u>	
9 Is the transferee foreign corporation a controlled foreign corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

For Paperwork Reduction Act Notice, see separate Instructions.

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Table with 6 columns: 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 transfer. Row 1: Cash

10 Was cash the only property transferred? . . . . .  Yes  No
If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Table with 6 columns: 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 transfer. Rows: Stock and securities, Inventory, Other property (not listed under another category), Property with built-in loss, Totals

- 11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? . . . . .  Yes  No
12a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? . . . . .  Yes  No
12b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? . . . . .  Yes  No
12c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? . . . . .  Yes  No
12d Enter the transferred loss amount included in gross income as required under section 91 ▶ \$
13 Did the transferor transfer property described in section 367(d)(4)? . . . . .  Yes  No

Section C - Intangible Property Subject to Section 367(d)

Table with 7 columns: Type of property, (a) Date of transfer, (b) Description of property, (c) Useful life, (d) Arm's length price on date of transfer, (e) Cost or other basis, (f) Income inclusion for year of transfer (see instructions). Row 1: Property described in sec. 367(d)(4), Totals

- 14a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c 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?  Yes  No
- d 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) ▶ \$ \_\_\_\_\_
- 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

**Supplemental 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 %
- 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 Gain recognition under section 904(f)(3) .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F) .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d) .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987 .....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions. . .  Yes  No  
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c 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)?  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions  Yes  No

**Return by a U.S. Transferor of Property  
 to a Foreign Corporation**

OMB No. 1545-0026

▶ Go to [www.irs.gov/Form926](http://www.irs.gov/Form926) for instructions and the latest information.  
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Attachment  
 Sequence No. **128**

**Part I U.S. Transferor Information** (see instructions)

Name of transferor: GOODWILL OF NORTH GEORGIA, INC. Identifying number (see instructions):

- 1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation?  Yes  No
- 2 If the transferor was a corporation, complete questions 2a through 2d.
- a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations?  Yes  No
- b Did the transferor remain in existence after the transfer?  Yes  No  
 If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation?  Yes  No  
 If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	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 actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.

a List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership
<u>CVI CREDIT VALUE FUND B IV LP</u>	<u>98-1355941</u>

- b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?  Yes  No
- c Is the partner disposing of its entire interest in the partnership?  Yes  No
- d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?  Yes  No

**Part II Transferee Foreign Corporation Information** (see instructions)

4 Name of transferee (foreign corporation): CVI CVF IV CAYMAN CORPORATION 5a Identifying number, if any: 98-1355543

6 Address (including country):  
PO BOX 309 GT UGLAND HOUSE  
GEORGE TOWN GRAND CAYMAN CJ KY1-1104 5b Reference ID number (see instructions):

7 Country code of country of incorporation or organization (see instructions): CJ

8 Foreign law characterization (see instructions): CORPORATION

9 Is the transferee foreign corporation a controlled foreign corporation?  Yes  No

For Paperwork Reduction Act Notice, see separate instructions.

JSA  
 2X2808 2.000

**PUBLIC INSPECTION COPY**

0836TO 9242 05/15/2024 12:59:08 v22-7.11 24068

**Part III Information Regarding Transfer of Property** (see instructions)

**Section A - Cash**

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 transfer
Cash	12/31/2022		397,396.		

**10** Was cash the only property transferred?  Yes  No  
 If "Yes," skip the remainder of Part III and go to Part IV.

**Section B - Other Property (other than intangible property subject to section 367(d))**

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 transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

- 11** Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed?  Yes  No
- 12a** Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation?  Yes  No  
 If "Yes," go to line 12b.
- b** Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation?  Yes  No  
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.
- c** Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation?  Yes  No  
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.
- d** Enter the transferred loss amount included in gross income as required under section 91 ► \$ \_\_\_\_\_
- 13** Did the transferor transfer property described in section 367(d)(4)?  Yes  No  
 If "No," skip Section C and questions 14a through 15.

**Section C - Intangible Property Subject to Section 367(d)**

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
Totals						



- 14a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?  Yes  No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?  Yes  No
- c 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?  Yes  No
- d 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) ▶ \$ \_\_\_\_\_
- 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

**Supplemental 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 .076348 % (b) After .076348 %
- 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 Gain recognition under section 904(f)(3) . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b Gain recognition under section 904(f)(5)(F) . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c Recapture under section 1503(d) . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d Exchange gain under section 987 . . . . .	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
- 19 Did this transfer result from a change in entity classification?  Yes  No
- 20a 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  No
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ \_\_\_\_\_
- c 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)? . . .  Yes  No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions . . . . .  Yes  No

=====

FORM 926 - PART III - TRANSFERS - STOCK AND SECURITIES

=====

(A) DATE OF TRANSFER	(B) DESCRIPTION OF PROPERTY	(C) FMV ON DATE OF TRANSFER	(D) COST OR OTHER BASIS	(F) GAIN RECOGNIZED ON TRANSFER
09/27/2021	STOCK	37.		37.

=====

FORM 926 - PART III - TRANSFERS - STOCK AND SECURITIES

=====

(A) DATE OF TRANSFER	(B) DESCRIPTION OF PROPERTY	(C) FMV ON DATE OF TRANSFER	(D) COST OR OTHER BASIS	(F) GAIN RECOGNIZED ON TRANSFER
12/31/2021	STOCK	3.		3.

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

# 2022

Department of the Treasury  
Internal Revenue Service

Attach to your tax return.  
Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.  
Information furnished for the foreign partnership's tax year beginning 01/01/2022, and ending 12/31/2022

Attachment Sequence No. **865**

Name of person filing this return: **GOODWILL OF NORTH GEORGIA, INC.**  
Filer's identification number: **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)):  
1  2  3  4   
**B** Filer's tax year beginning **07/01/2022**, and ending **06/30/2023**

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:  
Name \_\_\_\_\_ EIN \_\_\_\_\_  
Address \_\_\_\_\_

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions.

**F** Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identification number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

**G1** Name and address of foreign partnership:  
**CVI CREDIT VALUE FUNDS B IV LP**  
**1601 UTICA AVENUE SOUTH SUITE 1000**  
**MINNEAPOLIS, MN 55416**  
2(a) EIN (if any): **98-1355941**  
2(b) Reference ID number (see instructions): \_\_\_\_\_  
3 Country under whose laws organized: **US**

**4** Date of organization: **03/06/2017**  
**5** Principal place of business: **US**  
**6** Principal business activity code number: **551112**  
**7** Principal business activity: **INVESTMENTS**  
**8a** Functional currency: **USD**  
**8b** Exchange rate (see instructions): **1.000000000000**

**H** Provide the following information for the foreign partnership's tax year:

**1** Name, address, and identification number of agent (if any) in the United States: \_\_\_\_\_  
**2** Check if the foreign partnership must file:  
 Form 1042  Form 8804  Form 1065  
Service Center where Form 1065 is filed: **EFILE**

**3** Name and address of foreign partnership's agent in country of organization, if any: **STMT 1**  
**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 1**

**CVI CREDIT VALUE FUNDS B IV LP** **CVI CREDIT VALUE FUNDS B IV LP**

- 5** 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  Yes  No  
If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_
- 6** Is the partnership a section 721(c) partnership, as defined in Regulations section 1.721(c)-1(b)(14)?  Yes  No
- 7** Were any special allocations made by the foreign partnership?  Yes  No
- 8** 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 \_\_\_\_\_
- 9** How is this partnership classified under the law of the country in which it's organized? \_\_\_\_\_
- 10a** 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  Yes  No
- b** 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)?  Yes  No
- 11** 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.  
If "Yes," don't complete Schedules L, M-1, and M-2.  Yes  No

- 12 a Is the filer of this Form 8865 claiming a foreign-derived intangible income (FDII) deduction (under section 250) with respect to any transaction with the foreign partnership? If "Yes," complete lines 12b, 12c, and 12d. See instructions. . . .  Yes  No
- b Enter the amount of gross receipts derived from all sales of general property to the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI). . . . \_\_\_\_\_
- c Enter the amount of gross receipts derived from all sales of intangible property to the foreign partnership that the filer included in its computation of FDDEI. . . . \_\_\_\_\_
- d Enter the amount of gross receipts derived from all services provided to the foreign partnership that the filer included in its computation of FDDEI. . . . \_\_\_\_\_
- 13 Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in the partnership or of receiving a distribution from the partnership. . . . \_\_\_\_\_
- 14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? . . . . .  Yes  No

**Sign Here Only**  
If You're Filing This Form Separately and Not With Your Tax Return.

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 general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member \_\_\_\_\_ Date \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name			Firm's EIN	
Firm's address			Phone no.	

**Schedule A Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions.

a  Owns a direct interest                      b  Owns a constructive interest

Name	Address	Identification number (if any)	Check if foreign person	Check if direct partner

**Schedule A-1 Certain Partners of Foreign Partnership (see instructions)**

Name	Address	Identification number (if any)	Check if foreign person

**Schedule A-2 Foreign Partners of Section 721(c) Partnership (see instructions)**

Name of foreign partner	Address	Country of organization (if any)	U.S. taxpayer identification number (if any)	Check if related to U.S. transferor	Percentage interest	
					Capital	Profits
					%	%
					%	%

Does the partnership have any other foreign person as a direct partner? . . . . .  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

**Schedule B Income Statement - Trade or Business Income**

**Caution:** Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

<b>Income</b>	<b>1a</b> Gross receipts or sales . . . . .	<b>1a</b>		
	<b>b</b> Less returns and allowances . . . . .	<b>1b</b>		
	<b>2</b> Cost of goods sold . . . . .			<b>1c</b>
	<b>3</b> Gross profit. Subtract line 2 from line 1c . . . . .			<b>2</b>
	<b>4</b> Ordinary income (loss) from other partnerships, estates, and trusts (attach statement) . . . . .			<b>3</b>
	<b>5</b> Net farm profit (loss) (attach Schedule F (Form 1040)) . . . . .			<b>4</b>
	<b>6</b> Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797) . . . . .			<b>5</b>
	<b>7</b> Other income (loss) (attach statement) . . . . .			<b>6</b>
<b>8</b> <b>Total income (loss).</b> Combine lines 3 through 7 . . . . .			<b>7</b>	
<b>Deductions</b> (see instructions for limitations)	<b>9</b> Salaries and wages (other than to partners) (less employment credits) . . . . .			<b>8</b>
	<b>10</b> Guaranteed payments to partners . . . . .			<b>9</b>
	<b>11</b> Repairs and maintenance . . . . .			<b>10</b>
	<b>12</b> Bad debts . . . . .			<b>11</b>
	<b>13</b> Rent . . . . .			<b>12</b>
	<b>14</b> Taxes and licenses . . . . .			<b>13</b>
	<b>15</b> Interest (see Instructions) . . . . .			<b>14</b>
	<b>16a</b> Depreciation (if required, attach Form 4562) . . . . .	<b>16a</b>		<b>15</b>
	<b>b</b> Less depreciation reported elsewhere on return . . . . .	<b>16b</b>		<b>16c</b>
	<b>17</b> Depletion ( <b>Don't</b> deduct oil and gas depletion.) . . . . .			<b>17</b>
	<b>18</b> Retirement plans, etc. . . . .			<b>18</b>
	<b>19</b> Employee benefit programs . . . . .			<b>19</b>
	<b>20</b> Other deductions (attach statement) . . . . .			<b>20</b>
<b>21</b> <b>Total deductions.</b> Add the amounts shown in the far right column for lines 9 through 20 . . . . .			<b>21</b>	
<b>22</b> <b>Ordinary business income (loss)</b> from trade or business activities. Subtract line 21 from line 8 . . . . .			<b>22</b>	
<b>Tax and Payment</b>	<b>23</b> Reserved for future use . . . . .			<b>23</b>
	<b>24</b> Reserved for future use . . . . .			<b>24</b>
	<b>25</b> Reserved for future use . . . . .			<b>25</b>
	<b>26</b> Reserved for future use . . . . .			<b>26</b>
	<b>27</b> Reserved for future use . . . . .			<b>27</b>
	<b>28</b> Reserved for future use . . . . .			<b>28</b>
	<b>29</b> Reserved for future use . . . . .			<b>29</b>
	<b>30</b> Reserved for future use . . . . .			<b>30</b>

**Schedule K Partners' Distributive Share Items**

				<b>Total amount</b>
<b>Income (Loss)</b>	<b>1</b> Ordinary business income (loss) (Schedule B, line 22) . . . . .			<b>1</b>
	<b>2</b> Net rental real estate income (loss) (attach Form 8825) . . . . .			<b>2</b>
	<b>3a</b> Other gross rental income (loss) . . . . .	<b>3a</b>		
	<b>b</b> Expenses from other rental activities (attach statement) . . . . .	<b>3b</b>		
	<b>c</b> Other net rental income (loss). Subtract line 3b from line 3a . . . . .			<b>3c</b>
	<b>4</b> Guaranteed payments: <b>a</b> Services <b>4a</b> <b>b</b> Capital <b>4b</b> . . . . .			
	<b>c</b> Total. Add line 4a and line 4b . . . . .			<b>4c</b>
	<b>5</b> Interest income . . . . .			<b>5</b>
	<b>6</b> Dividends and dividend equivalents: <b>a</b> Ordinary dividends . . . . .			<b>6a</b>
	<b>b</b> Qualified dividends . . . . .	<b>6b</b>		
	<b>c</b> Dividend equivalents . . . . .	<b>6c</b>		
	<b>7</b> Royalties . . . . .			<b>7</b>
	<b>8</b> Net short-term capital gain (loss) (attach Schedule D (Form 1065)) . . . . .			<b>8</b>
	<b>9a</b> Net long-term capital gain (loss) (attach Schedule D (Form 1065)) . . . . .			<b>9a</b>
	<b>b</b> Collectibles (28%) gain (loss) . . . . .	<b>9b</b>		
<b>c</b> Unrecaptured section 1250 gain (attach statement) . . . . .	<b>9c</b>			
<b>10</b> Net section 1231 gain (loss) (attach Form 4797) . . . . .			<b>10</b>	
<b>11</b> Other income (loss) (see instructions) <b>(1)</b> Type <b>(2)</b> Amount . . . . .			<b>11(2)</b>	
<b>Deductions</b>	<b>12</b> Section 179 deduction (attach Form 4562) . . . . .			<b>12</b>
	<b>13a</b> Contributions . . . . .			<b>13a</b>
	<b>b</b> Investment interest expense . . . . .			<b>13b</b>
	<b>c</b> Section 59(e)(2) expenditures: <b>(1)</b> Type <b>(2)</b> Amount . . . . .			<b>13c(2)</b>
	<b>d</b> Other deductions (see instructions) <b>(1)</b> Type <b>(2)</b> Amount . . . . .			<b>13d(2)</b>

**Schedule K Partners' Distributive Share Items (continued)**

		Total amount	
Self-Employment	14a Net earnings (loss) from self-employment. . . . .	14a	
	b Gross farming or fishing income. . . . .	14b	
	c Gross nonfarm income. . . . .	14c	
Credits	15a Low-income housing credit (section 42(j)(5)). . . . .	15a	
	b Low-income housing credit (other) . . . . .	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468) . . . . .	15c	
	d Other rental real estate credits (see instructions) Type _____	15d	
	e Other rental credits (see instructions) Type _____	15e	
	f Other credits (see instructions) Type _____	15f	
International	16 Attach Schedule K-2 (Form 8865), Partners' Distributive Share Items - International, and check this box to indicate that you are reporting items of international tax relevance. . . . . <input type="checkbox"/>		
Alternative Minimum Tax (AMT) Items	17a Post-1986 depreciation adjustment. . . . .	17a	
	b Adjusted gain or loss. . . . .	17b	
	c Depletion (other than oil and gas). . . . .	17c	
	d Oil, gas, and geothermal properties - gross income. . . . .	17d	
	e Oil, gas, and geothermal properties - deductions. . . . .	17e	
	f Other AMT items (attach statement) . . . . .	17f	
Other Information	18a Tax-exempt interest income. . . . .	18a	
	b Other tax-exempt income . . . . .	18b	
	c Nondeductible expenses. . . . .	18c	
	19a Distributions of cash and marketable securities. . . . .	19a	
	b Distributions of other property. . . . .	19b	
	20a Investment income. . . . .	20a	
	b Investment expenses. . . . .	20b	
	c Other items and amounts (attach statement)		
	21 Total foreign taxes paid or accrued . . . . .	21	

**Schedule L Balance Sheets per Books. (Not required if Item H11, page 1, is answered "Yes.")**

Assets	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
1 Cash . . . . .				
2a Trade notes and accounts receivable. . . . .				
b Less allowance for bad debts . . . . .				
3 Inventories . . . . .				
4 U.S. Government obligations . . . . .				
5 Tax-exempt securities . . . . .				
6 Other current assets (attach statement)				
7a Loans to partners (or persons related to partners) . . . . .				
b Mortgage and real estate loans . . . . .				
8 Other investments (attach statement)				
9a Buildings and other depreciable assets				
b Less accumulated depreciation. . . . .				
10a Depletable assets . . . . .				
b Less accumulated depletion . . . . .				
11 Land (net of any amortization) . . . . .				
12a Intangible assets (amortizable only) . . . . .				
b Less accumulated amortization. . . . .				

**Schedule L Balance Sheets per Books.** (Not required if Item H11, page 1, is answered "Yes.") (continued)

	Beginning of tax year		End of tax year	
	(a)	(b)	(c)	(d)
13 Other assets (attach statement) . . . . .				
14 Total assets . . . . .				
<b>Liabilities and Capital</b>				
15 Accounts payable . . . . .				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)				
18 All nonrecourse loans . . . . .				
19 a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement) . . . . .				
21 Partners' capital accounts . . . . .				
22 Total liabilities and capital . . . . .				

**Schedule M Balance Sheets for Interest Allocation**

	(a) Beginning of tax year	(b) End of tax year
1 Total U.S. assets . . . . .		
2 Total foreign assets:		
a Passive category . . . . .		
b General category . . . . .		
c Other (attach statement) . . . . .		

**Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return.** (Not required if Item H11, page 1, is answered "Yes.")

1 Net income (loss) per books . . . . .		6 Income recorded on books this tax year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this tax year (itemize): \$ _____		a Tax-exempt interest \$ _____	
3 Guaranteed payments (other than health insurance) . . . . .		7 Deductions included on Schedule K, lines 1 through 13d, and 21, not charged against book income this tax year (itemize):	
4 Expenses recorded on books this tax year not included on Schedule K, lines 1 through 13d, and 21 (itemize):		a Depreciation \$ _____	
a Depreciation \$ _____		8 Add lines 6 and 7. . . . .	
b Travel and entertainment \$ _____		9 Income (loss). Subtract line 8 from line 5 . . . . .	
5 Add lines 1 through 4. . . . .			

**Schedule M-2 Analysis of Partners' Capital Accounts.** (Not required if Item H11, page 1, is answered "Yes.")

1 Balance at beginning of tax year		6 Distributions: a Cash . . . . .	
2 Capital contributed:		b Property. . . . .	
a Cash . . . . .		7 Other decreases (itemize): \$ _____	
b Property . . . . .		8 Add lines 6 and 7. . . . .	
3 Net income (loss) per books . . . . .		9 Balance at end of tax year. Subtract line 8 from line 5 . . . . .	
4 Other increases (itemize): \$ _____			
5 Add lines 1 through 4. . . . .			



**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 . . . . .				
4 Commissions received . . . . .				
5 Rents, royalties, and license fees received . . . . .				
6 Distributions received . . . . .				
7 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 like services . . . . .				
14 Commissions paid . . . . .				
15 Rents, royalties, and license fees paid . . . . .				
16 Distributions paid . . . . .				
17 Interest paid . . . . .				
18 Other . . . . .				
19 Add lines 10 through 18 . . . . .				
20 Amounts borrowed (enter the maximum loan balance during the tax year). See instructions. . . . .				
21 Amounts loaned (enter the maximum loan balance during the tax year). See instructions. . . . .				

**SCHEDULE O**  
**(Form 8865)**  
 (Rev. October 2021)  
 Department of the Treasury  
 Internal Revenue Service

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

OMB No. 1545-1668

▶ Attach to Form 8865. See the Instructions for Form 8865.  
 ▶ Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.

Name of transferor CVI CREDIT VALUE FUNDS B IV LP		Filer's identifying number 20-8351046
Name of foreign partnership CVI CREDIT VALUE FUNDS B IV LP	EIN (if any) 98-1355941	Reference ID number (see instructions)

- 1 a** Is the partnership a section 721(c) partnership (as defined in Regulations section 1.721(c)-1T(b)(14))?  
 See Instructions . . . . .  Yes  No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property?  Yes  No
- 2** 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

**Part I Transfers Reportable Under Section 6038B**

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) Recovery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	12/31/2022		225,000.				
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property described in section 197(f)(9)							
Intangible property, other than intangible property described in section 197(f)(9)							
Other property							
<b>Totals</b>			225,000.				

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer 0.076 % (b) After the transfer 0.076 %

**Supplemental Information Required To Be Reported** (see instructions):

**Part II Dispositions Reportable Under Section 6038B**

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? . . . . .  Yes  No

For Paperwork Reduction Act Notice, see the Instructions for Form 8865. Schedule 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: MN  
ZIP: 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