

Return of Organization Exempt From Income Tax

2024

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Header section containing: A For the 2024 calendar year, or tax year beginning 07/01/2024 and ending 06/30/2025; 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; G Gross receipts \$ 273,663,832; H(a) Is this a group return for subsidiaries? Yes X No; H(b) Are all subordinates included? Yes; I Tax-exempt status: X 501(c)(3); J Website: WWW.GOODWILLNG.ORG; K Form of organization: X Corporation; L Year of formation: 2007; M State of legal domicile: GA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission...; 2 Check this box if the organization discontinued its operations...; 3-7a Activities & Governance; 7b Net unrelated business taxable income; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances

Part II Signature Block

Signature block containing: Under penalties of perjury, I declare that I have examined this return...; Sign Here: Signature of officer TIMOTHY A. O'CONNELL, CFO, Date 05/15/2026; Paid Preparer Use Only: Print/Type preparer's name SABRE J LINAHAN, Preparer's signature Sabre Linahan, Date 05/15/2026, Check if self-employed, PTIN P01372980, Firm's name SMITH & HOWARD ADVISORY LLC, Firm's EIN 92-0749631, Firm's address 271 17TH STREET, NW SUITE 2100 ATLANTA, GA 30363, Phone no. 404-874-6244

May the IRS discuss this return with the preparer shown above? See instructions. X Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2024)

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

1 Briefly describe the organization's mission:

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

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

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

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

If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 137,133,150. including grants of \$ ) (Revenue \$ )

SEE SCHEDULE O

4b (Code: ) (Expenses \$ 20,435,759. including grants of \$ ) (Revenue \$ 4,961,132. )

SEE SCHEDULE O

4c (Code: ) (Expenses \$ 18,112,407. including grants of \$ ) (Revenue \$ 1,052,015. )

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O

(Expenses \$ 7,350,586. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 183,031,902.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS schedule requirements.

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, 1b, 1c regarding Form 1096 and backup withholding rules.

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)           |   | Yes | No |
|--|---|-----|----|
| 2a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return<br>2a 5,782   |     |    |
| b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | X   |    |
| 3a   | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | X   |    |
| b  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O   | X   |    |
| 4a   | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?    |     | X  |
| b  | If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |     |    |
| 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   |     | X  |
| b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  |     | X  |
| c  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   |     |    |
| 6a   | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                       |     | X  |
| b  | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   |     |    |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b> |   |     |    |
| a  | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | X   |    |
| b  | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | X   |    |
| c  | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  |     | X  |
| d  | If "Yes," indicate the number of Forms 8282 filed during the year   |     |    |
| e  | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   |     | X  |
| f  | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  |     | X  |
| g  | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  |     |    |
| h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  |     |    |
| 8  | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  |     |    |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>                     |   |     |    |
| a  | Did the sponsoring organization make any taxable distributions under section 4966?  |     |    |
| b  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   |     |    |
| <b>10 Section 501(c)(7) organizations.</b> Enter:                                      |   |     |    |
| a  | Initiation fees and capital contributions included on Part VIII, line 12  | 10a |    |
| b  | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | 10b |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:                                     |   |     |    |
| a  | Gross income from members or shareholders   | 11a |    |
| b  | Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)   | 11b |    |
| 12a  | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?   | 12a |    |
| b  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | 12b |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>             |   |     |    |
| a  | Is the organization licensed to issue qualified health plans in more than one state?<br>Note: See the instructions for additional information the organization must report on Schedule O.   | 13a |    |
| b  | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   | 13b |    |
| c  | Enter the amount of reserves on hand  | 13c |    |
| 14a  | Did the organization receive any payments for indoor tanning services during the tax year?  | 14a | X  |
| b  | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O   | 14b |    |
| 15   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see the instructions and file Form 4720, Schedule N.                  | 15  | X  |
| 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.  | 16  | X  |
| 17   | <b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?<br>If "Yes," complete Form 6069. | 17  |    |

Part VII 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 VII [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year... 1b Enter the number of voting members included on line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 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. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
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. 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.  X

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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)<br>Name and title                              | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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<br>PRESIDENT                      | 37.00<br>3.00  | X   |                       | X       |              |                              |        | 1,130,583.  | NONE   | 58,853.   |
| (2) DELFIA MCKINNEY<br>CHIEF OPERATING OFFICER     | 40.00<br>NONE  |   |                       |         | X            |                              |        | 577,272.  | NONE   | 29,831.   |
| (3) TIMOTHY A. O'CONNELL<br>VP FINANCE             | 38.00<br>2.00  |   |                       | X       |              |                              |        | 356,887.  | NONE   | 8,018.  |
| (4) SCOTT A. PARRY<br>VP CONTRACT SERVICES         | NONE<br>40.00  |   |                       |         |              | X                            |        | 301,091.  | NONE   | 42,625.   |
| (5) JENNY R. TAYLOR<br>VP CAREER SERVICES          | 40.00<br>NONE  |   |                       |         | X            |                              |        | 295,838.  | NONE   | 30,758.   |
| (6) MARIANGELA CORALES<br>VP GENERAL COUNSEL LEGAL | 38.00<br>2.00  |   |                       |         |              | X                            |        | 291,532.  | NONE   | 31,108.   |
| (7) ELAINE ARMSTRONG<br>VP MARKETING               | 40.00<br>NONE  |   |                       |         |              | X                            |        | 282,338.  | NONE   | 25,738.   |
| (8) BRIAN EAST, JR.<br>EXECUTIVE DIRECTOR, DGR     | 40.00<br>NONE  |   |                       |         |              | X                            |        | 240,867.  | NONE   | 40,102.   |
| (9) RONNIE WADE<br>VP HUMAN RESOURCES              | 40.00<br>NONE  |   |                       |         |              | X                            |        | 233,727.  | NONE   | 3,797.  |
| (10) DR. KOFI SMITH<br>IMMEDIATE PAST CHAIR        | 0.75<br>0.25   | X   |                       | X       |              |                              |        | NONE  | NONE   | NONE  |
| (11) ELLEN STERN<br>VICE CHAIR                     | 0.75<br>0.25   | X   |                       | X       |              |                              |        | NONE  | NONE   | NONE  |
| (12) DAFFANY FAJARDO MURPHY<br>DIRECTOR            | 0.75<br>0.25   | X   |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (13) ANDRE DICKENS<br>DIRECTOR                     | 0.75<br>0.25   | X   |                       |         |              |                              |        | NONE  | NONE   | NONE  |
| (14) EDWARD FERGUSON<br>TREASURER                  | 0.75<br>0.25   | X   |                       | X       |              |                              |        | NONE  | NONE   | NONE  |

Form 990 (2024)

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes rows for individuals like AITEN MCPHERSON, NATALIA MIGAL, DANIEL MILLER, etc.

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 58

Table with 3 columns: Question number, Question text, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Includes a header row and several empty rows.

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants, and Other Similar Amounts; Program Service Revenue; Other Revenue; and Miscellaneous Revenue.

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, Advertising, etc.

Part X Balance Sheet

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

Table with columns for (A) Beginning of year, (B) End of year, and rows for Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-33). Includes sub-rows 10a, 10b, 10c and 29-31.

**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  | 201,567,354. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 200,398,261. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 1,169,093.   |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 183,109,537. |
| 5  | Net unrealized gains (losses) on investments   | 5  | 7,273,508.   |
| 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  | 255,595.     |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 191,807,733. |

**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 _____<br>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? . . . . .<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| b Were the organization's financial statements audited by an independent accountant? . . . . .<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | X   |    |
| 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? . . . . .<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  | X   |    |
| 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

**2024**

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

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

|   |  |
|---|--|
| Name of the organization<br>GOODWILL OF NORTH GEORGIA, INC. | Employer identification number<br>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>                       |          |   |   |    |   |   |

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: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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 2024 (98.98%); 15 Public support percentage from 2023 Schedule A (98.88%); 16a 33 1/3% support test - 2024 (checked); 16b 33 1/3% support test - 2023; 17a 10%-facts-and-circumstances test - 2024; 17b 10%-facts-and-circumstances test - 2023; 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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 Value of services or facilities furnished by a governmental unit; 6 Total; 7a and 7b Disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities; 12 Other income; 13 Total support.

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: Line number, Description, Percentage. Rows 15 and 16.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, Percentage. Rows 17 and 18.

19a 33 1/3% support tests - 2024. 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.

b 33 1/3% support tests - 2023. 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.

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

Table with 3 columns: Question, Yes, No. Rows include questions 1 through 10b regarding supported organizations, including status determination, public support tests, foreign organizations, and excess business holdings.

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year. Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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                                | <b>Discount</b> 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                                | <input type="checkbox"/> 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)

Table with 2 columns: Section D - Distributions (lines 1-10) and Current Year. Rows include amounts paid to supported organizations, administrative expenses, and total annual distributions.

Table with 4 columns: Section E - Distribution Allocations (see instructions), (i) Excess Distributions, (ii) Underdistributions Pre-2024, and (iii) Distributable Amount for 2024. Rows include distributable amount for 2024, underdistributions, and excess distributions carryover.

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

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

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

Table with columns (a) Donor advised funds and (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for disclosure questions.

Part II Conservation Easements

Form for conservation easements with multiple questions (1-9) and a table for lines 2a-2d.

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

Form for art and historical treasures with questions 1a, 1b, and 2.



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that 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.
c Beginning balance
d Additions during the year
e Distributions during the year
f 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 in Part XIII.

Part V Endowment Funds

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

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g 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 92.7200 %
c Term endowment 7.2800 %
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:
(i) Unrelated organizations?
(ii) Related organizations?
b 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 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)).

**Part VII Investments - Other Securities**

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

| (a) Description of security or category<br>(Including name of security)         | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .   |                |  |
| (2) Closely held equity interests . . . . .                                     |                |  |
| (3) Other   |                |  |
| (A) MONEY MARKET  | 380,029.       | COST   |
| (B) ALTERNATIVE INVESTMENTS   | 67,871,898.    | FMV  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 12, col. (B)) . . . | 68,251,927.    |  |

**Part VIII Investments - Program Related**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) OTHER LIABILITIES   | 17,663,437.    |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . . | 17,663,437.    |

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

Part 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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2e, 3, 4a-4c, 5), and a final column for totals.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-row labels (2a-2e, 3, 4a-4c, 5), and a final column for totals.

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.

Multiple horizontal lines provided for entering supplemental information.

**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 2022 THROUGH 2025. 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, 2025 FOR UNCERTAIN TAX POSITIONS.

**SCHEDULE F  
(Form 990)**  
(Rev. December 2024)

**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.

Department of the Treasury  
Internal Revenue Service

**Open to Public  
Inspection**

Name of the organization

Employer identification number

GOODWILL OF NORTH GEORGIA, INC.

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  |  | 7,749,193.   |
| (2)   |                                     |  |  |  |  |
| (3)   |                                     |  |  |  |  |
| (4)   |                                     |  |  |  |  |
| (5)   |                                     |  |  |  |  |
| (6)   |                                     |  |  |  |  |
| (7)   |                                     |  |  |  |  |
| (8)   |                                     |  |  |  |  |
| (9)   |                                     |  |  |  |  |
| (10)  |                                     |  |  |  |  |
| (11)  |                                     |  |  |  |  |
| (12)  |                                     |  |  |  |  |
| (13)  |                                     |  |  |  |  |
| (14)  |                                     |  |  |  |  |
| (15)  |                                     |  |  |  |  |
| (16)  |                                     |  |  |  |  |
| (17)  |                                     |  |  |  |  |
| <b>3a</b> Subtotal                                | NONE                                | NONE   |  |  | 7,749,193.   |
| <b>b</b> Total from continuation sheets to Part I |                                     |  |  |  |  |
| <b>c</b> Totals (add lines 3a and 3b)             | NONE                                | NONE   |  |  | 7,749,193.   |

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

Schedule F (Form 990) (Rev. 12-2024)

JSA  
4E1274 1.000

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**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 . . . . .

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**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 non-cash assistance | (g) Description of non-cash 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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* . . . . .  Yes  No



**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<br>(add col. (a) through<br>col. (c)) |
|-----------------|----|--|--------------|------------------------|--|
|                 |    | GALA<br>(event type)   | (event type) | NONE<br>(total number) |  |
| Revenue         | 1  | Gross receipts   | 570,909.     |                        | 570,909.   |
|                 | 2  | Less: Contributions  | 376,663.     |                        | 376,663.   |
|                 | 3  | Gross income (line 1<br>minus line 2)                        | 194,246.     |                        | 194,246.   |
| Direct Expenses | 4  | Cash prizes  |              |                        |  |
|                 | 5  | Noncash prizes   |              |                        |  |
|                 | 6  | Rent/facility costs  | 160,000.     |                        | 160,000.   |
|                 | 7  | Food and beverages   | 19,000.      |                        | 19,000.  |
|                 | 8  | Entertainment  | 1,500.       |                        | 1,500.   |
|                 | 9  | Other direct expenses  |              |                        |  |
|                 | 10 | Direct expense summary. Add lines 4 through 9 in column (d)  |              |                        | 180,500.   |
|                 | 11 | Net income summary. Subtract line 10 from line 3, column (d) |              |                        | 13,746.  |

**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<br>bingo/progressive bingo                    | (c) Other gaming  | (d) Total gaming (add<br>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  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> 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 J  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**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

**Open to Public  
Inspection**

Name of the organization

Employer identification number

GOODWILL OF NORTH GEORGIA, INC.

20-8351046

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> | X   |    |
| <b>2</b>  | X   |    |
| <b>4a</b> |     | X  |
| <b>4b</b> | X   |    |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  | X   |    |
| <b>8</b>  |     | X  |
| <b>9</b>  |     |    |

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

Schedule J (Form 990) (Rev. 12-2024)

**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 | (i) Base compensation | (ii) Bonus & incentive compensation |  |                         |                                 |   |
| 1 KEITH PARKER<br>PRESIDENT                      | (i)  | 774,185.                            | 356,398.                            |                       | 18,885.                             | 44,870.  | 1,194,338.              |                                 |   |
|  | (ii)   |                                     |                                     |                       |                                     |  |                         |                                 |   |
| 2 DELFIA MCKINNEY<br>CHIEF OPERATING OFFICER     | (i)  | 447,561.                            | 129,711.                            |                       | 18,773.                             | 13,680.  | 609,725.                |                                 |   |
|  | (ii)   |                                     |                                     |                       |                                     |  |                         |                                 |   |
| 3 TIMOTHY A. O'CONNELL<br>VP FINANCE             | (i)  | 289,395.                            | 67,492.                             |                       | 8,018.                              | 6,415.   | 371,320.                |                                 |   |
|  | (ii)   |                                     |                                     |                       |                                     |  |                         |                                 |   |
| 4 SCOTT A. PARRY<br>VP CONTRACT SERVICES         | (i)  | 244,897.                            | 56,194.                             |                       | 15,801.                             | 35,968.  | 352,860.                |                                 |   |
|  | (ii)   |                                     |                                     |                       |                                     |  |                         |                                 |   |
| 5 ELAINE ARMSTRONG<br>VP MARKETING               | (i)  | 226,940.                            | 55,398.                             |                       | 14,387.                             | 12,820.  | 309,545.                |                                 |   |
|  | (ii)   |                                     |                                     |                       |                                     |  |                         |                                 |   |
| 6 JENNY R. TAYLOR<br>VP CAREER SERVICES          | (i)  | 241,264.                            | 54,574.                             |                       | 12,229.                             | 21,151.  | 329,218.                |                                 |   |
|  | (ii)   |                                     |                                     |                       |                                     |  |                         |                                 |   |
| 7 MARIANGELA CORALES<br>VP GENERAL COUNSEL LEGAL | (i)  | 234,202.                            | 57,330.                             |                       | 10,350.                             | 22,468.  | 324,350.                |                                 |   |
|  | (ii)   |                                     |                                     |                       |                                     |  |                         |                                 |   |
| 8 RONNIE WADE<br>VP HUMAN RESOURCES              | (i)  | 189,007.                            | 44,720.                             |                       | 3,504.                              | 5,195.   | 242,426.                |                                 |   |
|  | (ii)   |                                     |                                     |                       |                                     |  |                         |                                 |   |
| 9 BRIAN EAST, JR.<br>EXECUTIVE DIRECTOR, DGR     | (i)  | 206,875.                            | 33,992.                             |                       | 15,277.                             | 31,389.  | 287,533.                |                                 |   |
|  | (ii)   |                                     |                                     |                       |                                     |  |                         |                                 |   |
| 10   | (i)  |                                     |                                     |                       |                                     |  |                         |                                 |   |
| 10   | (ii)   |                                     |                                     |                       |                                     |  |                         |                                 |   |
| 11   | (i)  |                                     |                                     |                       |                                     |  |                         |                                 |   |
| 11   | (ii)   |                                     |                                     |                       |                                     |  |                         |                                 |   |
| 12   | (i)  |                                     |                                     |                       |                                     |  |                         |                                 |   |
| 12   | (ii)   |                                     |                                     |                       |                                     |  |                         |                                 |   |
| 13   | (i)  |                                     |                                     |                       |                                     |  |                         |                                 |   |
| 13   | (ii)   |                                     |                                     |                       |                                     |  |                         |                                 |   |
| 14   | (i)  |                                     |                                     |                       |                                     |  |                         |                                 |   |
| 14   | (ii)   |                                     |                                     |                       |                                     |  |                         |                                 |   |
| 15   | (i)  |                                     |                                     |                       |                                     |  |                         |                                 |   |
| 15   | (ii)   |                                     |                                     |                       |                                     |  |                         |                                 |   |
| 16   | (i)  |                                     |                                     |                       |                                     |  |                         |                                 |   |
| 16   | (ii)   |                                     |                                     |                       |                                     |  |                         |                                 |   |

PUBLIC INSPECTION COPY

**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.

## SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN

THE ORGANIZATION ESTABLISHED A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN FOR

A KEY EXECUTIVE. THE SERP IS DESIGNATED TO PROVIDE ADDITIONAL RETIREMENT

BENEFITS BEYOND THOSE AVAILABLE UNDER THE ORGANIZATION'S QUALIFIED

RETIREMENT PLANS. THE SERP IS FUNDED THROUGH A CORPORATE-OWNED LIFE

INSURANCE POLICY, FOR WHICH THE ORGANIZATION IS BOTH THE POLICYHOLDER AND

THE BENEFICIARY. THE CASH SURRENDER VALUE OF THE POLICY WAS \$427,171 AS

OF JUNE 30, 2025 AND IS RECORDED AS AN OTHER ASSETS ON THE CONSOLIDATED

STATEMENT OF FINANCIAL POSITION.



**SCHEDULE K  
(Form 990)**  
(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

GOODWILL OF NORTH GEORGIA, INC.

**Supplemental Information on Tax-Exempt Bonds**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
Attach to Form 990.

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

OMB No. 1545-0047

Open to Public  
Inspection

Employer identification number  
20-8351046

**Part I Bond Issues**

|          | (a) Issuer name                          | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pooled financing |    |
|----------|--|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|----------------------|----|
|          |  |                |             |                 |                 |                            | Yes          | No | Yes                     | No | Yes                  | No |
| <b>A</b> | DEVELOPMENT AUTHORITY OF CHEROKEE COUNTY | 58-1374840     | 164218CR8   | 08/26/2008      | 4,800,000.      | CONSTRUCTION - CHEROKEE    |              | X  |                         | X  |                      | X  |
| <b>B</b> | DEVELOPMENT AUTHORITY OF GWINNETT COUNTY | 58-1293808     | 403720CU7   | 02/05/2009      | 5,000,000.      | CONSTRUCTION - GWINNETT    |              | X  |                         | X  |                      | X  |
| <b>C</b> | WEST GEORGIA JOINT DEVELOPMENT AUTHORITY | 77-0633349     | 000000000   | 12/12/2009      | 3,800,000.      | CONSTRUCTION - PADDLING    |              | X  |                         | X  |                      | X  |
| <b>D</b> | DEVELOPMENT AUTHORITY OF FULTON COUNTY   | 58-1506878     | 000000000   | 01/28/2010      | 7,000,000.      | CONSTRUCTION - FULTON      |              | X  |                         | X  |                      | X  |

**Part II Proceeds**

|    | A  |    | B          |    | C          |    | D          |    |
|----|--|----|------------|----|------------|----|------------|----|
|    | Yes  | No | Yes        | No | Yes        | No | Yes        | No |
| 1  | Amount of bonds retired  |    | 1,750,000. |    | 1,266,800. |    | 2,292,950. |    |
| 2  | Amount of bonds legally defeased   |    |            |    |            |    |            |    |
| 3  | Total proceeds of issue  |    | 4,800,000. |    | 3,800,000. |    | 7,000,000. |    |
| 4  | Gross proceeds in reserve funds  |    |            |    |            |    |            |    |
| 5  | Capitalized interest from proceeds   |    | 251,141.   |    | 34,445.    |    | 111,023.   |    |
| 6  | Proceeds in refunding escrows  |    |            |    | 76,000.    |    | 74,964.    |    |
| 7  | Issuance costs from proceeds   |    |            |    |            |    |            |    |
| 8  | Credit enhancement from proceeds   |    |            |    |            |    |            |    |
| 9  | Working capital expenditures from proceeds   |    |            |    |            |    |            |    |
| 10 | Capital expenditures from proceeds   |    | 4,704,000. |    | 3,689,555. |    | 6,814,013. |    |
| 11 | Other spent proceeds   |    | 30,478.    |    |            |    |            |    |
| 12 | Other unspent proceeds   |    |            |    |            |    |            |    |
| 13 | Year of substantial completion   |    | 2008       |    | 2009       |    | 2010       |    |
| 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)? |    | X          |    | X          |    | X          |    |
| 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          |    |
| 16 | Has the final allocation of proceeds been made?  |    | X          |    | X          |    | X          |    |
| 17 | Does the organization maintain adequate books and records to support the final allocation of proceeds?                           |    | X          |    | X          |    | X          |    |

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

Schedule K (Form 990) (Rev. 12-2024)

Part III Private Business Use

TAX-EXEMPT BOND LIABILITIES

Table with 4 main columns (A, B, C, D) and sub-columns (Yes, No). Rows include questions about LLC ownership, lease arrangements, management, bond-financed property, and research agreements.

Part IV Arbitrage

Table with 4 main columns (A, B, C, D) and sub-columns (Yes, No). Rows include questions about Form 8038-T, arbitrage rebates, yield reduction, and rebate computations.



**SCHEDULE K  
(Form 990)**  
(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Name of the organization

GOODWILL OF NORTH GEORGIA, INC.

**Supplemental Information on Tax-Exempt Bonds**

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number  
20-8351046

**Part I Bond Issues**

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

**Part II Proceeds**

|   | A    |            | B          |    | C          |    | D    |    |
|---|------|------------|------------|----|------------|----|------|----|
|   | Yes  | No         | Yes        | No | Yes        | No | Yes  | No |
| 1 Amount of bonds retired   |      |            | 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   |      | 3,194,670. | 4,601,337. |    | 5,499,764. |    |      |    |
| 11 Other spent proceeds   |      |            |            |    |            |    |      |    |
| 12 Other unspent proceeds   |      |            |            |    |            |    |      |    |
| 13 Year of substantial completion   | 2011 |            | 2012       |    | 2012       |    | 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)? |      | X          |            | X  |            | X  |      |    |
| 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  |      |    |
| 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) (Rev. 12-2024)

**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? . . . . .   |     | X  |     | X  |     | X  |     |    |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .  |     | X  |     |    |     | X  |     |    |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .  |     | X  |     | X  |     | X  |     |    |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .   |     |    |     |    |     |    |     |    |
| c Are there any research agreements that may result in private business use of bond-financed property? . . . . .   |     | X  |     | X  |     | X  |     |    |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .   |     |    |     |    |     |    |     |    |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . .  |     | %  |     | %  |     | %  |     | %  |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . |     | %  |     | %  |     | %  |     | %  |
| 6 Total of lines 4 and 5 . . . . .   |     | %  |     | %  |     | %  |     | %  |
| 7 Does the bond issue meet the private security or payment test? . . . . .   | X   |    | X   |    | X   |    |     |    |
| 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? . . . . .  |     |    |     |    |     |    |     |    |
| 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? . . . . .                           |     |    |     |    |     |    |     |    |

**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  |     |    |
| 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   |    | X   |    |



**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 L

(Form 990)

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public  
Inspection

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

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No). Rows 1-6.

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No). Row 1: KEITH PARKER, PRESIDENT, SERP, 427,171., 427,171., X, X, X. Total: \$ 427,171.

Part III Grants or Assistance Benefiting Interested Persons
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance. Rows 1-10.

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sharing of organization's revenues? |    |
|-------------------------------|---|---------------------------|--------------------------------|---|----|
|                               |   |                           |                                | Yes                                     | No |
| (1)                           |   |                           |                                |   |    |
| (2)                           |   |                           |                                |   |    |
| (3)                           |   |                           |                                |   |    |
| (4)                           |   |                           |                                |   |    |
| (5)                           |   |                           |                                |   |    |
| (6)                           |   |                           |                                |   |    |
| (7)                           |   |                           |                                |   |    |
| (8)                           |   |                           |                                |   |    |
| (9)                           |   |                           |                                |   |    |
| (10)                          |   |                           |                                |   |    |

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L (see instructions).

PART II

SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN

THE ORGANIZATION ESTABLISHED A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN FOR A KEY EXECUTIVE. THE SERP IS DESIGNATED TO PROVIDE ADDITIONAL RETIREMENT BENEFITS BEYOND THOSE AVAILABLE UNDER THE ORGANIZATION'S QUALIFIED RETIREMENT PLANS. THE SERP IS FUNDED THROUGH A CORPORATE-OWNED LIFE INSURANCE POLICY, FOR WHICH THE ORGANIZATION IS BOTH THE POLICYHOLDER AND THE BENEFICIARY. THE CASH SURRENDER VALUE OF THE POLICY WAS \$427,171 AS OF JUNE 30, 2025 AND IS RECORDED AS AN OTHER ASSETS ON THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, line 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

**2024**

**Open to Public  
Inspection**

|  |   |
|--|---|
| Name of the organization<br><b>GOODWILL OF NORTH GEORGIA, INC.</b> | Employer identification number<br><b>20-8351046</b> |
|--|---|

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art . . . . .   |                            |   |  |   |
| 2 Art - Historical treasures . . . . .                                 |                            |   |  |   |
| 3 Art - Fractional interests . . . . .                                 |                            |   |  |   |
| 4 Books and publications . . . . .                                     | X                          |   | 6,762,184.   | RESALE VALUE  |
| 5 Clothing and household goods . . . . .                               | X                          |   | 162,977,435.   | RESALE VALUE  |
| 6 Cars and other vehicles . . . . .                                    |                            |   |  |   |
| 7 Boats and planes . . . . .   |                            |   |  |   |
| 8 Intellectual property . . . . .                                      |                            |   |  |   |
| 9 Securities - Publicly traded . . . . .                               | X                          | 22  | 5,002.   | 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                          |   | 1,824,708.   | RESALE VALUE  |
| 19 Food inventory . . . . .  |                            |   |  |   |
| 20 Drugs and medical supplies . . . . .                                |                            |   |  |   |
| 21 Taxidermy . . . . .   |                            |   |  |   |
| 22 Historical artifacts . . . . .                                      |                            |   |  |   |
| 23 Scientific specimens . . . . .                                      |                            |   |  |   |
| 24 Archeological artifacts . . . . .                                   |                            |   |  |   |
| 25 Other ( <u>MISC ITEMS</u> ) . . . . .                               | X                          |   | 7,570,569.   | 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 on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . . | <b>30a</b> |     | 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? . . . . .   | <b>31</b>  | X   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .  | <b>32a</b> | 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.   |            |     |    |

**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).

**2024**

**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 III LINE 4D**

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.

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

**PART VI, SECTION B, LINE 11B**

FORM 990 REVIEW PROCESS

THE ORGANIZATION PREPARES ITS FORM 990 WITH THE ASSISTANCE OF ITS PUBLIC  
ACCOUNTING FIRM. THE FORM 990 IS THEN REVIEWED BY A 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

**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).

**2024**

**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

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

**PART VIII**

CONTRIBUTIONS VERSUS SALE

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

**PART XI LINE 9**

255,595 INTEREST RATE SWAP ADJUSTMENT

Name of the organization

Employer identification number

GOODWILL OF NORTH GEORGIA, INC.

20-8351046

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

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 2025, WE SERVED OVER 3.2 MILLION DONORS AT 45 COLLECTION SITES AND SERVED OVER 8 MILLION CUSTOMERS AT 70 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.

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 28 DIFFERENT PROGRAMS INCLUDING CONSTRUCTION, FORKLIFT, CUSTODIAL/FLOOR TECHNOLOGY, AND HOSPITALITY. IN FISCAL YEAR 2025, WE SERVED OVER 53,700 PEOPLE AND HELPED OVER 24,595 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.

LINE 4C, PROGRAM SERVICE

FACILITY CONTRACTS - THESE SERVICES ARE PRIMARILY GOVERNMENT SERVICE UNDER THE ABILITYONE PROGRAM AND PRIVATE COMMERCIAL CONTRACTS WITH OTHER NOT-FOR-PROFIT ENTITIES. SERVICES INCLUDE JANITORIAL, LANDSCAPE MAINTENANCE, AND WAREHOUSE MANAGEMENT. SERVICES ARE ONGOING AS DEFINED BY THE CONTRACT, AND PERFORMANCE OBLIGATIONS UNDER EACH CONTRACT ARE DEFINED IN TERMS OF VARIOUS PERFORMANCE INDICATORS INCLUDING BUT NOT LIMITED TO HOURS WORKED AND UNITS PRODUCED. GOODWILL INVOICES THE CUSTOMERS RECEIVING THE

Name of the organization

Employer identification number

GOODWILL OF NORTH GEORGIA, INC.

20-8351046

FORM 990, PART III - PROGRAM SERVICE

SERVICES MONTHLY BASED ON THE APPROPRIATE PERFORMANCE INDICATORS,  
AND RECORDS REVENUE AS THE SERVICES ARE PERFORMED.

Name of the organization

GOODWILL OF NORTH GEORGIA, INC.

Employer identification number

20-8351046

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

| DESCRIPTION | GRANTS | EXPENSES   | REVENUE |
|-------------|--------|------------|---------|
| E-COMMERCE  |        | 7,059,798. |         |
| SALVAGE     |        | 290,788.   |         |
|             |        | -----      | -----   |
|             | TOTALS | 7,350,586. |         |
|             |        | =====      | =====   |

|  |   |
|--|---|
| Name of the organization<br><b>GOODWILL OF NORTH GEORGIA, INC.</b> | Employer identification number<br><b>20-8351046</b> |
|--|---|

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

| NAME AND ADDRESS   | DESCRIPTION OF SERVICES | COMPENSATION |
|--|-------------------------|--------------|
| REPUBLIC SERVICES<br>PO BOX 9001099<br>LOUISVILLE, KY 40290              | WASTE AND METAL DISP    | 5,012,312.   |
| POLLOCK PAPER DISTRIBUTORS<br>PO BOX 735070<br>DALLAS, TX 75211          | SUPPLIES                | 4,248,492.   |
| PEOPLEREADY<br>PO BOX 740435<br>ATLANTA, GA 30374                        | TEMP STAFFING           | 2,571,572.   |
| TRUIST BANKCARD<br>PO BOX 791250<br>BALTIMORE, MD 21279                  | MERCHANT SERVICES       | 1,963,493.   |
| M.J. BRUNNER INC.<br>11 STANWIX STREET 5TH FLOOR<br>PITTSBURGH, PA 15222 | ADVERTISING             | 1,479,990.   |

**SCHEDULE R  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

GOODWILL OF NORTH GEORGIA, INC.

20-8351046

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                                     | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) GOODWILL OF NORTH GEORGIA DEV. CO. I 84-4036366<br>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)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|   |                         |  |                            |   |                                  | Yes  | No |
| (1) GOODWILL INDUSTRIES OF NORTH GA, INC. 58-05566193<br>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<br>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.

Schedule R (Form 990) (Rev. 12-2024)

JSA

4E1307 2.000

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.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income related, unrelated, excluded from tax under sections 512 - 514 | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>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.

| (a)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>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.

|          |  |  |  | Yes | No |
|----------|--|--|--|-----|----|
| <b>1</b> | 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?                          |  |  |     |    |
| <b>a</b> | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.   |  |  |     | X  |
| <b>b</b> | Gift, grant, or capital contribution to related organization(s).   |  |  |     | X  |
| <b>c</b> | Gift, grant, or capital contribution from related organization(s).   |  |  |     | X  |
| <b>d</b> | Loans or loan guarantees to or for related organization(s).  |  |  |     | X  |
| <b>e</b> | Loans or loan guarantees by related organization(s).   |  |  |     | X  |
| <b>f</b> | Dividends from related organization(s).  |  |  |     | X  |
| <b>g</b> | Sale of assets to related organization(s).   |  |  |     | X  |
| <b>h</b> | Purchase of assets from related organization(s).   |  |  |     | X  |
| <b>i</b> | Exchange of assets with related organization(s).   |  |  |     | X  |
| <b>j</b> | Lease of facilities, equipment, or other assets to related organization(s).  |  |  |     | X  |
| <b>k</b> | Lease of facilities, equipment, or other assets from related organization(s).  |  |  |     | X  |
| <b>l</b> | Performance of services or membership or fundraising solicitations for related organization(s).  |  |  |     | X  |
| <b>m</b> | Performance of services or membership or fundraising solicitations by related organization(s).   |  |  |     | X  |
| <b>n</b> | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).   |  |  |     | X  |
| <b>o</b> | Sharing of paid employees with related organization(s).  |  |  |     | X  |
| <b>p</b> | Reimbursement paid to related organization(s) for expenses.  |  |  |     | X  |
| <b>q</b> | Reimbursement paid by related organization(s) for expenses.  |  |  |     | X  |
| <b>r</b> | Other transfer of cash or property to related organization(s).   |  |  |     | X  |
| <b>s</b> | Other transfer of cash or property from related organization(s).   |  |  |     | X  |
| <b>2</b> | 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)<br>Name of related organization | (b)<br>Transaction type (a - s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-----|-------------------------------------|---------------------------------|------------------------|--|
| (1) |                                     |                                 |                        |  |
| (2) |                                     |                                 |                        |  |
| (3) |                                     |                                 |                        |  |
| (4) |                                     |                                 |                        |  |
| (5) |                                     |                                 |                        |  |
| (6) |                                     |                                 |                        |  |

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

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

| (1)<br>Name, address, and EIN of entity | (2)<br>Primary activity | (3)<br>Legal domicile (state or foreign country) | (4)<br>Predominant income (related, unrelated, excluded from tax under sections 512 - 514) | (5)<br>Are all partners section 501(c)(3) organizations? |    | (6)<br>Share of total income | (7)<br>Share of end-of-year assets | (8)<br>Disproportionate allocations? |    | (9)<br>Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (10)<br>General or managing partner? |    | (11)<br>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 &amp; 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.