## EXTENDED TO NOVEMBER 15, 2022

**Return of Organization Exempt From Income Tax** 

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

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

A F	or the	2021 calendar year, or tax year beginning and	ending		
<b>B</b> c	heck if pplicable	C Name of organization		D Employer identific	cation number
	Addres change	GEORGIA GOAL SCHOLARSHIP PROGRAM, INC.			
	Name change	Doing business as		65-12802	29
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 3740 DAVINCI COURT, SUITE 375	Room/suite	E Telephone number 770-828-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	57,321,132.
	Amend return	PEACHTREE CORNERS, GA 30092		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: LLSA KELLI		for subordinates	? Yes X No
	pendin	13/40 DAVINCI COURT, SUITE 3/5, PEACHTRE	E COR	<b>H(b)</b> Are all subordinates in	cluded? Yes No
		mpt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) (	or 527	If "No," attach a	list. See instructions
		e: ▶ WWW.GOALSCHOLARSHIP.ORG		H(c) Group exemptio	
		organization: X Corporation Trust Association Other ►  Summary	<b>L</b> Year	of formation: 2006  N	1 State of legal domicile: GA
ГС	_		7T7 CO	AT CCHOTADCI	מדנ
ė		Briefly describe the organization's mission or most significant activities: <u>GEORG</u> PROGRAM, INC IS A NONPROFIT GEORGIA CORPO			
Governance		Check this box  if the organization discontinued its operations or dispose			
Verr	l			3	11
Ĝ	l	Number of independent voting members of the governing body (Part VI, line 1b)			10
≪		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			0
ij		otal number of volunteers (estimate if necessary)			0
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			0.
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ø)	8 (	Contributions and grants (Part VIII, line 1h)		39,361,747.	44,621,984.
ž	9 1	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		738,747.	947,095.
Œ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		40,100,494.	
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		32,946,253.	32,572,204.
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		677,825.	653,446.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u></u>	0.	0.
ă	b <sup>-</sup>	Total fundraising expenses (Part IX, column (D), line 25)		1 402 217	1 0/1 /00
	'' '	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,403,217.	1,941,489. 35,167,139.
	l	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		35,027,295. 5,073,199.	10,401,940.
c		Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	
Net Assets or Fund Balances	20	otal assets (Part X, line 16)	DE	45,598,811.	End of Year 58,000,031.
Asse Bala	21	Total liabilities (Part X, line 26)		379,223.	781,062.
Net/	22	Net assets or fund balances. Subtract line 21 from line 20		45,219,588.	57,218,969.
	rt II	Signature Block			
Und	er penal	ties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		<b>\</b>			
Sigi	า	Signature of officer		Date	
Her	e	LISA KELLY, PRESIDENT			
		Type or print name and title	Tr	Date Check	DTIN
<b>.</b>		Print/Type preparer's name  Preparer's signature		;	PTIN
Paid		JENNINGS P. PITTS JENNINGS P. PITT	rs I	1/07/22 self-employ	
	arer	Firm's name BENNETT THRASHER LLP		Firm's EIN ▶	58-1673613
use	Only	Firm's address 3300 RIVERWOOD PARKWAY, #700 ATLANTA, GA 30339		Dhana na 77	0-396-2200
N / a ·	(+bc !\)	·		I Priorie no. / /	
ıvıay	the iH	S discuss this return with the preparer shown above? See instructions			X Yes No

ı u	otatement of Frogram bervice Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:	
	GEORGIA GOAL SCHOLARSHIP PROGRAM, INC IS A NONPROFIT GEORGIA	
	CORPORATION DEDICATED TO OFFERING STUDENTS FROM LOW AND MIDDLE	INCOME
	FAMILIES OPPORTUNITIES TO ATTEND PRIVATE K-12 SCHOOLS OF THEIR	
	PARENTS' CHOICE.	
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 X 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 X No
3	If "Yes," describe these changes on Schedule O.	163110
	,	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(4) organizations are required to report the section 501(c)(4) organizations are required to report the section 501(c)(4) organization 501(c)(4	kpenses, and
	revenue, if any, for each program service reported.	0 .
4a		0.
	SCHOLARSHIP PROGRAM - ALLOWS STUDENTS FROM LOW AND MIDDLE INCO	
	FAMILIES OPPORTUNITIES TO ATTEND PRIVATE K-12 SCHOOLS OF THEIR	PARENTS'
	CHOICE IN THE STATE OF GEORGIA.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
4 -		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
<i>1</i> ~ 1	Other program conject (Describe on Schodule O.)	
4d	Other program services (Describe on Schedule O.)	,
1-	(Expenses \$ including grants of \$ ) (Revenue \$	)

# Form 990 (2021) GEORGIA GOAL SCHOLARSHIP PROGRAM, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			.,
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		x
1 <i>E</i>	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		4.5		х
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		X
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10		х
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		_^
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		х
20-	complete Schedule G, Part III	20a		X
20a b	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	domoctio government on trait ix, column (-y, interm in yes, complete scriedule i, Parts I and II	41		

Page 4

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х 26 controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ....... Х 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV ..... 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV ..... 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV ...... Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ..... Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 10 1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

Form 990 (2021) GEORGIA GOAL SCHOLARSHIP PROGRAM, INC.

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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		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	3b		
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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			.,,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		, v
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7.		х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
Ü		8		
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			\ <b>.</b> ,
	excess parachute payment(s) during the year?	15		X
4.0	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
<b>_</b> -	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	م		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

Page 6 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 11			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2			Х	
_	officer, director, trustee, or key employee?	2	Λ	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		٦,
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
9		9		х
800	organization's mailing address?  f "Yes." provide the names and addresses on Schedule O	9		
300	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		.,	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
13				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.	v	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion 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	onlv)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	rial	
19		midil	Jal	
00	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			
	LISA KELLY - 770-828-4625			
	3740 DAVINCI COURT, SUITE 375, PEACHTREE CORNERS, GA 30092			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

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

• 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.

(A)	(B)	(C) Position						(D)	(E)	(F)	
Name and title	Average		not c	heck	more	than c		Reportable	Reportable	Estimated	
	hours per		box, unless person is both officer and a director/trust					compensation	compensation	amount of	
	week (list any						,	from the	from related organizations	other compensation	
	hours for	Individual trustee or director				p		organization	(W-2/1099-MISC/	from the	
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	trust	In stit utio nal tru stee		oyee	Highest compensated employee		1099-NEC)	,	and related	
	below	vidua	itutio	cer	Key employee	hest c	Former			organizations	
	line)	Indi	Inst	Officer	Key	High	Forr				
(1) LISA KELLY	31.00							1 11 001	4.4.000		
PRESIDENT	19.00			Х				141,224.	141,302.	29,554.	
(2) ALLISON SAXBY	31.00							00.440	06.400	4004-	
DIR. OF OPERATIONS	19.00					Х		82,148.	86,409.	13,945.	
(3) AVERY PARKER RICE	29.00										
DIR. OF ACCOUNTING & FINAN	21.00					Х		77,076.	83,729.	19,772.	
(4) KATE SAYLOR	27.00							60.000	<b>50.004</b>	40	
DIR. OF MARKETING & COMMUN	23.00					Х		68,873.	70,284.	12,738.	
(5) RICHARD W. GILBERT	0.30								•		
CHAIRMAN OF THE BOARD	0.10	Х						0.	0.	0.	
(6) DEAN S. MATHISON	0.30								•		
BOARD MEMBER	0.10	Х						0.	0.	0.	
(7) GERARD ROBINSON	0.30								0		
BOARD MEMBER	0.10	X						0.	0.	0.	
(8) PASTOR DEXTER ROWLAND	0.30	7.7							0	_	
BOARD MEMBER	0.10	Х						0.	0.	0.	
(9) TIMOTHY J. EMBRY	0.30	Х		х				0.	0.	_	
SECRETARY	0.10	Λ		^				0.	0.	0.	
(10) STANLEY R. EPPERSON TREASURER	0.10	Х		х				0.	0.	0.	
(11) DOUGLAS J. MACGINNITIE	0.30	Λ		^				0.	0.	· ·	
BOARD MEMBER	0.10	Х						0.	0.	0.	
(12) JOE ARNOLD	0.30	Λ						0.	0.	0.	
BOARD MEMBER	0.10	Х						0.	0.	0.	
(13) CHRIS CLEVELAND	0.30	Λ						0.	0.	<u></u>	
BOARD MEMBER	0.10	Х						0.	0.	0.	
(14) KEVIN RUSSELL	0.30							0.	0.	<u></u>	
BOARD MEMBER	0.10	Х						0.	0.	0.	
(15) ANDREA DOVE	0.30	-22							<u> </u>		
BOARD MEMBER	0.10	х						0.	0.	0.	
	1		$\vdash$		$\vdash$				<b>.</b>	·	

Part	VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do	Position do not check more than one					Reportable	Reportable		Es	timated	t
		hours per	box	, unle	ss pe	rson i	is both or/trus	n an	compensation	compensatio	- 1		ount o	f
		week (list any		Cei ai		T	T	(66)	from	from related			other	
		hours for	Individual trustee or director						the organization	organization: (W-2/1099-MIS			pensat om the	
		related	eord	stee			sated		(W-2/1099-MISC/	1099-NEC)			anizatio	
		organizations	truste	al trus		yee	mper		1099-NEC)	10001120)		•	d relate	
		below	idual	Institutional trustee	-ia	Key employee	est co	ъ	,			orga	ınizatio	ns
		line)	Indiv	Insti	Officer	Key 6	Highest compensated employee	Form						
							_				$\longrightarrow$			
							$\vdash$				-+			
							┢				-+			
			-											
											$\longrightarrow$			
								Ļ	260 201	201 70		7	- 00	
	Subtotal								369,321.	381,72	0.	/ (	5,00	0.
	Total from continuation sheets to Part VII								369,321.	381,72		7	5,00	
	<b>Fotal (add lines 1b and 1c)</b> Fotal number of individuals (including but n							0 rc	· · · · · · · · · · · · · · · · · · ·	•			3,00	<u> </u>
	compensation from the organization	ot illilited to th	036	IISLE	ual	JOVE	<i>y</i> wii	O IE	eceived more man proo,	ooo or reportable	,			1
	compensation from the organization												Yes	No
3	Did the organization list any <b>former</b> officer,	director, trusto	ee. k	cev e	empl	love	e. or	hia	hest compensated empl	ovee on				
	ine 1a? If "Yes," complete Schedule J for si	Ť		•	•	•		_		•		3		Х
	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150										[	4	Х	
	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch į	pers	on				<u></u>	5		X
Secti	on B. Independent Contractors													
	Complete this table for your five highest cor	•	•							•	ensati	ion fro	m	
1	the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.				
	(A)	addroce							(B)	envices	C	(C	;) nsation	
D 7 77.	Name and business address Description of services  DAVINCI COURT ASSOCIATIONS INC.											Jilipei	isation	
	PO BOX 936074, ATLANTA, GA 31193 CONSULTING											10	3,95	8
10 .	JON JOUVE, AILMIN, C	A JIIJJ						Ŧ	CONDULTING				,,,,	•
_								_			_	_		_
										T				
2	Total number of independent contractors (in	ncludina but na	ot lin	nited	ot b	thos	se lis	ted	above) who received mo	ore than				

1

\$100,000 of compensation from the organization

Form 990 (2021)
Part VIII

		Check if Schedule O	contai	ins a re	sponse (	or note to any lin	e in this Part VIII			
							(A)	(B)	(C)	(D)
							Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
								function revenue	business revenue	sections 512 - 514
10 10		Endough door at any								000000000000000000000000000000000000000
nts		Federated campaigns			la					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues			lb					
S, (	С	Fundraising events			lc					
를 돌	d	Related organizations			ld					
s, mi	е	Government grants (contri	ibutio	ns) _	le					
ig S	f	All other contributions, gifts,	grants	s, and						
the the		similar amounts not included	above	, .	lf	44,621,984.				
Ē	а	Noncash contributions included in	lines 1a	1-1f	Ig \$					
Š	•	Total. Add lines 1a-1f		_	• • • • • • • • • • • • • • • • • • • •		44,621,984.			
<u> </u>		Totall Add miles fa 11				Business Code	, ,			
_	0.0									
<u>i</u>	2 a									
e e	b									
n S	С									
e a	d									
Program Service Revenue	е									
4	f	All other program service	reven	ue						
	g	Total. Add lines 2a-2f				<b>&gt;</b>				
	3	Investment income (includ								
		other similar amounts)	-			•	437,719.			437,719.
	4	Income from investment of					,			
	5									
	3	Royalties	Т		Real	(ii) Personal				
	_		I <u>.</u>	(1) 1	icai	(ii) i ersonai				
		Gross rents	6a							
		Less: rental expenses	6b							
	С	Rental income or (loss)	6c							
	d	Net rental income or (loss)	····			<u>,</u>				
	7 a	Gross amount from sales of		(i) Sec	curities	(ii) Other				
		assets other than inventory	7a	12,18	3,158.	78,271.				
	b	Less: cost or other basis								
ē		and sales expenses	7b	11,75	2,053.	0.				
Revenue	С	Gain or (loss)			1,105.	78,271.				
ě		Net gain or (loss)				<b>•</b>	509,376.			509,376.
		Gross income from fundraising					, , , , , ,			
ther	0 a		-							
0		including \$								
		contributions reported on		,						
		Part IV, line 18								
		Less: direct expenses								
	С	Net income or (loss) from	fundra	aising e	events_	<u></u>				
	9 a	Gross income from gamin	g acti	ivities.	See					
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
	С	Net income or (loss) from	gamir	ng activ	ities	<b>&gt;</b>				
		Gross sales of inventory, I								
		and allowances			10a					
	h									
		Less: cost of goods sold								
$\rightarrow$	С	Net income or (loss) from	sales	of inve	ntory					
ω						Business Code				
e 30	11 a									
Miscellaneous Revenue	b									
e Se	С									
Ais. B	d	All other revenue								
2		Total. Add lines 11a-11d								
		Total revenue. See instruction					45,569,079.	0.	0.	947,095.

65-1280229

### 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).

Seci	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			ipiete coluiriii (A).	
	not include amounts reported on lines 6b,		(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрепзез	general expenses	ехрепзез
•	and domestic governments. See Part IV, line 21				
2	- · · · · · · · · · · · · · · · · · · ·				
2	Grants and other assistance to domestic	32 572 204	32,572,204.		
_	individuals. See Part IV, line 22	34,314,404.	32,312,204.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	150 561	00 000	<b>5</b> 4 000	05 565
	trustees, and key employees	172,761.	90,898.	54,098.	27,765.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	392,493.	206,510.	122,904.	63,079.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	14,121. 44,045.	7,430. 23,174.	4,422.	2,269.
9	Other employee benefits	44,045.	23,174.	4,422.	2,269. 7,079. 4,826.
10	Payroll taxes	30,026.	15,798.	9,402.	4,826.
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	45,450.		45,450.	
	Lobbying	92,484.	92,484.		
	Professional fundraising services. See Part IV, line 17	- <b>,</b> -	,		
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	998,060.	998,060.		
12	Advertising and promotion	20,977.	330,000.		20,977.
13		29,191.		29,191.	20/3//1
	Office expenses	59,203.	20,825.	38,378.	
14	Information technology	33,203.	20,023.	30,370.	
15	Royalties	29,824.		29,824.	
16	Occupancy	13,570.	12,887.	38.	645.
17	Travel	13,370.	14,007.	30.	045.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	66 606	20.000	06 642	
22	Depreciation, depletion, and amortization	66,606.	39,963.	26,643.	
23	Insurance	34,961.		34,961.	
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule O.)				
а	CREDIT CARD PROCESSING	541,810.	541,810.		
b	CONTRIBUTIONS	5,276.		5,276.	
С	401(K) ADMINISTRATIVE E	1,985.	1,044.	622.	319.
d	BANK CHARGES	1,456.		1,456.	_
е	All other expenses	636.	961.	-324.	-1.
25	Total functional expenses. Add lines 1 through 24e	35,167,139.	34,624,048.	416,133.	126,958.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					E 000 (2024)

Form 990 (2021)
Part X Balance Sheet

Pai	τx	Balance Sneet					
		Check if Schedule O contains a response or note	to an	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			3,991,819.	1	2,348,033
	2	Savings and temporary cash investments			3,273,238.	2	15,685,306
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			690,385.	4	3,310,343
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disqualified	Loans and other receivables from other disqualified persons (as defined				
		under section 4958(f)(1)), and persons described		6			
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				18,712.	9	46,028
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	385,904.			
	b	Less: accumulated depreciation [		213,710.	175,424.	10c	172,194 36,426,859
	11	Investments - publicly traded securities	37,437,965.	11	36,426,859		
	12	Investments - other securities. See Part IV, line 11		12			
	13	Investments - program-related. See Part IV, line 1		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		11,268.	15	11,268	
	16	Total assets. Add lines 1 through 15 (must equal			45,598,811.	16	58,000,031
	17	Accounts payable and accrued expenses			279,757.	17	708,700
	18	Grants payable			18		
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Pa	art IV	of Schedule D		21	
S	22	Loans and other payables to any current or forme	r offic	er, director,			
litie		trustee, key employee, creator or founder, substa	ntial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of these	perso	ons		22	
_	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay-					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X	00.466		<b>50.060</b>
		of Schedule D			99,466.		72,362
	26				379,223.	26	781,062
"		Organizations that follow FASB ASC 958, chec	k her				
ce		and complete lines 27, 28, 32, and 33.			0 406 605		0 550 500
ıları	27				2,426,695.		2,579,599
B	28	Net assets with donor restrictions			42,792,893.	28	54,639,370
un		Organizations that do not follow FASB ASC 95	8, che	ck here			
٦ ٦		and complete lines 29 through 33.					
ts c	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco			45 010 500	31	FF 010 000
Se	32	Total net assets or fund balances			45,219,588.	32	57,218,969
	33	Total liabilities and net assets/fund balances			45,598,811.	33	58,000,031

Form **990** (2021)

#### **SCHEDULE A**

(Form 990)

<u>Total</u>

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Nan	ne of	the orga	anization	GT1 GG17 G	anor angurn n	000011				identification number
Do	~+ I	l Dor			CHOLARSHIP PE					5-1280229
	rt I				(All organizations must co			ee instructions	i.	
The	orga	nization i	s not a private found	ation because it is: (I	For lines 1 through 12, ch	neck only	one box.)			
1		A chur	ch, convention of ch	urches, or associatio	on of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).		
2		A scho	ool described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	990).)				
3		A hosp	oital or a cooperative	hospital service orga	anization described in se	ction 170	(b)(1)(A)(ii	i).		
4		A med	ical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(	iii). Enter	the hospital's name,
		city, ar	nd state:							
5		An org	anization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental un	it describe	ed in
		section	on 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		1			nental unit described in	section 17	70(b)(1)(A)	(v).		
	X	1	· · · · · · · · · · · · · · · · · · ·	_	ntial part of its support fr				e general r	oublic described in
-		•	n 170(b)(1)(A)(vi). (C	-	a. part or no capport n	u gori			9 9	
8		1		•	(1)(A)(vi). (Complete Part	ш				
9		1	•		in section 170(b)(1)(A)(i	•	ad in coni	inction with a l	and-grant	college
•		-	-		ulture (see instructions).		-		-	-
		univers		grant college or agric	ulture (see instructions).		name, city	, and state of t	ne conege	; OI
10		1	•	Illy rosoiyos (1) more	than 22 1/20/ of its supp	ort from o	ontribution	no momborobii	o food one	d aroos rossints from
10		-		•	than 33 1/3% of its supp					-
					et to certain exceptions; a					-
					(less section 511 tax) fro	m busines	sses acqui	rea by the orga	anization a	mer June 30, 1975.
		1	ection 509(a)(2). (Co	•						
11		1	-	•	ively to test for public saf	•				_
12		-	-	•	ively for the benefit of, to	-			•	
			* **	~	ed in <b>section 509(a)(1)</b> o					Check the box on
	_	_	-	* *	f supporting organization				-	
а	L	Туре	e I. A supporting orga	anization operated, s	upervised, or controlled I	by its supp	orted org	anization(s), ty <sub>l</sub>	oically by	giving
		the s	supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustee	s of the su	upporting
	_	orga	nization. <b>You must c</b>	complete Part IV, Se	ections A and B.					
b	L	Туре	II. A supporting org	anization supervised	I or controlled in connect	on with its	s supporte	d organization	(s), by hav	ving
		cont	rol or management o	of the supporting orga	anization vested in the sa	me perso	ns that co	ntrol or manag	e the supp	ported
		orga	nization(s). <b>You mus</b>	t complete Part IV,	Sections A and C.					
С		Туре	e III functionally inte	grated. A supporting	g organization operated i	n connect	tion with, a	and functionally	/ integrate	ed with,
		its sı	upported organization	n(s) (see instructions)	). You must complete F	art IV, Se	ctions A,	D, and E.		
d		Туре	e III non-functionally	, integrated. A supp	oorting organization opera	ated in co	nnection w	ith its support	ed organiz	zation(s)
		that	is not functionally int	egrated. The organiz	zation generally must sati	sfy a distr	ibution rec	uirement and	an attentiv	/eness
			•	-	nplete Part IV, Sections	-		-		
е		·	•	•	written determination fror	•			. Type III	
	-				nally integrated supportir			, , , , , , , , , , , , , , , , , , ,	, ,,	
f	Fnt		umber of supported of	raanizationa	, 3 11	0 0				
				about the supporte						
			of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
		orga	nization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)
					above (see instructions))					
				ĺ	1		I	I		i

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	s listed below, plea	se complete Part	III.)			
	ction A. Public Support	T	1	T	T	T	
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	1770000	01176400	20242742	20261747	44601004	1.61.00.700
_	include any "unusual grants.")	1//98829.	211/6420.	38243/42.	39361/4/	44621984.	161202/22
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
2	or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	17798829.	21176420.	38243742.	39361747	44621984.	161202722
5	The portion of total contributions			002107120	33332727		
Ū	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						161202722
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	<u>17798829.</u>	21176420.	38243742.	39361747.	44621984.	161202722
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		600		606 744		
	and income from similar sources	555,136.	628,551.	950,375.	686,741.	437,719.	3258522.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						164461244
	<b>Total support.</b> Add lines 7 through 10	ata (aga inaturatio				12	H04401244
12	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	,	fourth or fifth tax	woor as a soction 5		
13	organization, check this box and <b>sto</b>	· ·			•	. , . ,	▶□
Sec	etion C. Computation of Publi						
14	•			column (f))		14	98.02 %
15	Public support percentage from 2020					15	97.68 %
	33 1/3% support test - 2021. If the						
	stop here. The organization qualifies					,	▶ ▼
b	33 1/3% support test - 2020. If the		-				
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test		• •				
	and if the organization meets the fact						
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ıblicly supported o	organization		▶□
b	10% -facts-and-circumstances test	t - 2020. If the org	anization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	he facts-and-circun	nstances test, che	ck this box and s	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circ	umstances test. Th	ne organization qu	alifies as a publicly	supported organi	zation	▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u>s</u>

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

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

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support			T	_		
	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	-			•		
80	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi			(0)		145	
	Public support percentage for 2021 (li			.,,		15	<u>%</u>
	Public support percentage from 2020 ction D. Computation of Inves					16	<u>%</u>
				no 10 polyman (f)		17	0/
	Investment income percentage for 20						<u>%</u>
	Investment income percentage from 2					18   18   1/3% and line 1	7 is not
198	33 1/3% support tests - 2021. If the						<b>.</b> —
	more than 33 1/3%, check this box ar						
ľ	33 1/3% support tests - 2020. If the	•			•	•	
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	DOX ON HINE 14, 198	a, or 190, check tr	iis dux and see ins	นเนติเเดเร	

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

	Von	N-
	Yes	No
1		
2		
3a		
3b		
3с		
40		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
3		
9a		
9b		
9c		
90		
10a		
10b		
 A (Forn	n aan)	2021

Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			l
	those supported organizations and explain how these activities directly furthered their exempt purposes,			l
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			

trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

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

За

Sche	dule A (Form 990) 2021 GEORGIA GOAL SCHOLARSHI	P PRO	GRAM, INC.	65-1280229 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust or	n Nov. 20, 1970 ( explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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		
	Distributable Amount Cubtreet line 5 from line 4 unless subject to			

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

Schedule A (Form 990) 2021

emergency temporary reduction (see instructions).

instructions).

	dule A (Form 990) 2021 GEORGIA GOAL ( TV Type III Non-Functionally Integrated 509)	a)(3) Supporting Orga			5-1280229 Page 7
Sect	ion D - Distributions	<u> </u>	Contine	<i>100)</i>	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
_7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				

Schedule A (Form 990) 2021

any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions.
 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

and 4c.
 B Preakdown of line 7:
 Excess from 2017
 Excess from 2018
 Excess from 2019
 Excess from 2020
 Excess from 2021

132028 01-04-22 Schedule A (Form 990) 2021

# **SCHEDULE C**

(Form 990)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for instructions and the latest information.

**Political Campaign and Lobbying Activities** 

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

•	Section 501(c)(4), (5), or (6) organizat	tions: Complete Part III.			
Nan	ne of organization			Em	ployer identification number
		GOAL SCHOLARSHI			65-1280229
Pa	art I-A Complete if the org	janization is exempt und	er section 501(c) o	or is a section 527 o	organization.
2 3	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai art I-B Complete if the org	ures		<b>&gt;</b>	*\$
	·	·		·	. Φ
1	Enter the amount of any excise tax Enter the amount of any excise tax	incurred by the organization manage	ore under section 4955	······	Φ
	If the organization incurred a section				
	Was a correction made?				
	o If "Yes," describe in Part IV.				
		anization is exempt und	er section 501(c),	except section 501	(c)(3).
2	Enter the amount directly expended Enter the amount of the filing organ exempt function activities	by the filing organization for se ization's funds contributed to ot	ction 527 exempt funct	ion activities  ction 527	\$
3	Total exempt function expenditures		•		
	line 17b				
	Did the filing organization file Form				
5	Enter the names, addresses and en made payments. For each organiza contributions received that were propolitical action committee (PAC). If	tion listed, enter the amount pai omptly and directly delivered to	d from the filing organiz a separate political orga	ation's funds. Also enter anization, such as a separ	the amount of political
	<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

Schedule C (Form 990) 2021	GEORGIA GOA	L SCHOLARSH	IP PROGRAM,	INC. 65-1	280229 Page 2
Part II-A   Complete if the org	janization is exen	npt under section	501(c)(3) and file	ed Form 5768 (ele	ction under
section 501(h)).					
A Check ► if the filing organiza	ation belongs to an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
expenses, and sha	re of excess lobbying e	expenditures).			
B Check ▶ if the filing organiza	ation checked box A ar	d "limited control" pro	visions apply.	_	1
	its on Lobbying Exper ditures" means amou			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opinion (g	grassroots lobbying)			
<b>b</b> Total lobbying expenditures to infl				92,484.	
c Total lobbying expenditures (add li				92,484.	
d Other exempt purpose expenditure				35,074,655.	
e Total exempt purpose expenditure	es (add lines 1c and 1d)			35,167,139.	
f Lobbying nontaxable amount. Ent			n columns.	1,000,000.	
If the amount on line 1e, column (a) o		bying nontaxable am			
Not over \$500,000	20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,00	0,000 \$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17	,000,000 \$225,00	0 plus 5% of the exces	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	000.			
g Grassroots nontaxable amount (er	nter 25% of line 1f)			250,000.	
h Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.	
i Subtract line 1f from line 1c. If zero	o or less, enter -0			0.	
j If there is an amount other than ze	ro on either line 1h or l	ine 1i, did the organiza	tion file Form 4720		
reporting section 4911 tax for this	year?				Yes No
(Some organizations t	hat made a section 50 See the separa	ate instructions for lin	nave to complete all c les 2a through 2f.)	of the five columns be	low.
	Lobbying Exper	nditures During 4-Yea	r Averaging Period	Τ	
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	<b>(c)</b> 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	61,128.	60,179.	90,296.	92,484.	304,087.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.

Schedule C (Form 990) 2021

f Grassroots lobbying expenditures

# Schedule C (Form 990) 2021 GEORGIA GOAL SCHOLARSHIP PROGRAM, INC. 65-1280229 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

the lobbying activity.	es" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
	Yes	No	Am	ount	
During the year, did the filing organization attempt to influence foreign, national, state, or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?					
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912			-		
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	 ion 501(c)(	1 5), or se	ction		
art III-A Complete if the organization is exempt under section 501(c)(4), sect		0,, 0. 00			
ort III-A Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).			Yes	N	
501(c)(6).		1	Yes	N	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?			Yes	N	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from	the prior year	2 ? 3		N	
501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sect	the prior year	2 ? 3 5), or se	ction		
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B  Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere	the prior year	2 ? 3 5), or se	ction		
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."	the prior year ion 501(c)( d "No" OR	2 ? 3 5), or se (b) Part	ction		
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B  Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."  Dues, assessments and similar amounts from members	the prior year ion 501(c)( d "No" OR	2 ? 3 5), or se (b) Part	ction		
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B  Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."  Dues, assessments and similar amounts from members	the prior year ion 501(c)( d "No" OR	2 ? 3 5), or se (b) Part	ction		
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B  Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pole expenses for which the section 527(f) tax was paid).	the prior year ion 501(c)( d "No" OR	2 3 5), or se (b) Part	ction		
Solicited Solici	the prior year ion 501(c)( d "No" OR	2 3 5), or se (b) Part	ction		
Solicited (a)  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B  Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of pole expenses for which the section 527(f) tax was paid).  Current year  b Carryover from last year	the prior year ion 501(c)( d "No" OR	2 3 3 5), or se (b) Part	ction		
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year	the prior year ion 501(c)( d "No" OR	2 3 5), or se (b) Part	ction		
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total	the prior year ion 501(c)( d "No" OR	2 3 5), or se (b) Part	ction		
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	the prior year ion 501(c)( d "No" OR	2 3 5), or se (b) Part	ction		
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from str III-B Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the edoes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and expenditure next year?	the prior year ion 501(c)( d "No" OR  litical	2 3 3 5), or see (b) Part 2a 2b 2c 3	ction		
Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B  Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answere answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polexpenses for which the section 527(f) tax was paid).  a Current year  b Carryover from last year  c Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the educes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and	the prior year ion 501(c)( d "No" OR  litical	2 3 3 5), or see (b) Part 2a 2b 2c 3	ction		

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

GEORGIA GOAL SCHOLARSHIP PROGRAM, INC.

**Employer identification number** 65-1280229

		(a) Donor advised funds	(1	b) Funds and other accounts
1	Total number at end of year		<u> </u>	
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w		dvised fund	ls
	are the organization's property, subject to the organization's e	_		
6	Did the organization inform all grantees, donors, and donor ad			
_	for charitable purposes and not for the benefit of the donor or			
	• •			
Pa	t II Conservation Easements. Complete if the organization			
1	Purpose(s) of conservation easements held by the organization		,	
	Preservation of land for public use (for example, recreating		n of a histo	orically important land area
	Protection of natural habitat	· —		fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the fo	orm of a cor	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Yes
а				2a
b				2b
c	Number of conservation easements on a certified historic structure.			2c
	Number of conservation easements included in (c) acquired af			
_	listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			<u> </u>
	year >	acca, examplification, or terminated by	ino organiz	tation daming the tax
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period		of	
_	violations, and enforcement of the conservation easements it	·		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
_	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conse	ervation eas	sements during the year
	<b>▶</b> \$			Jennes danning and year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	170(h)(4)(B)(	(i)
_	and section 170(h)(4)(B)(ii)?	•	. , . , . , .	
9	In Part XIII, describe how the organization reports conservatio			
-	balance sheet, and include, if applicable, the text of the footnot	•		
	organization's accounting for conservation easements.			
	t III Organizations Maintaining Collections of			
Pa	t iii   Organizations Manitanning Conections or	Art, Historical Treasures, or	Other Si	ımılar Assets.
Pa	Complete if the organization answered "Yes" on Form 9		Other Si	ımılar Assets.
		990, Part IV, line 8.		
	Complete if the organization answered "Yes" on Form 9.  If the organization elected, as permitted under FASB ASC 958	990, Part IV, line 8. 3, not to report in its revenue stateme	nt and bala	ince sheet works
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8. 3, not to report in its revenue stateme lic exhibition, education, or research	nt and bala	ince sheet works
1a	Complete if the organization answered "Yes" on Form 9.  If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publ service, provide in Part XIII the text of the footnote to its finance.	990, Part IV, line 8.  B, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these	ent and bala in furtheran items.	unce sheet works uce of public
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958	990, Part IV, line 8.  B, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these B, to report in its revenue statement a	ent and bala in furtheran items. nd balance	nnce sheet works ace of public sheet works of
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publiservice, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public or the provided in the organization elected.	990, Part IV, line 8.  B, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these B, to report in its revenue statement a	ent and bala in furtheran items. nd balance	nnce sheet works ace of public sheet works of
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for publiservice, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	990, Part IV, line 8.  3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the	ent and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1	990, Part IV, line 8.  3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the	nt and bala in furtheran items. nd balance furtherance	sheet works sheet works of of public service,
1a b	Complete if the organization answered "Yes" on Form 9  If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X	990, Part IV, line 8.  3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the	nt and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,
1a	Complete if the organization answered "Yes" on Form 9 If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical treasures.	990, Part IV, line 8.  3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is to report in its revenue statement a exhibition, education, or research in the light statement are	nt and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,
1a b	Complete if the organization answered "Yes" on Form 9  If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public service, provide in Part XIII the text of the footnote to its finance of the organization elected, as permitted under FASB ASC 958 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:  (i) Revenue included on Form 990, Part VIII, line 1  (ii) Assets included in Form 990, Part X	990, Part IV, line 8.  3, not to report in its revenue stateme lic exhibition, education, or research cial statements that describes these is, to report in its revenue statement a exhibition, education, or research in the statement and stat	ent and bala in furtheran items. nd balance furtherance	ance sheet works use of public sheet works of of public service,

	t III Organizations Maintaining C	ollections of Ar					r Simi	ar Asset			age ∠
3	Using the organization's acquisition, accession	on, and other record	s, check any	of the fo	ollowing that	make si	gnificar	nt use of its	'		
	collection items (check all that apply):	,	,		3		3				
а	Public exhibition	c	ı 🗆 Loar	or exch	ange progra	ım					
b	Scholarly research	•			iango progra						
c	Preservation for future generations	,	,Ounc	"							
4	Provide a description of the organization's co	alloctions and explain	n how thoy fu	uthor the	organizatio	n'e ovon	nnt nur	occo in Bart	VIII		
5	-	· ·	•		-			JUSE III Fait	AIII.		
3	During the year, did the organization solicit o								Yes		٦ ٨ ٦
Dar	to be sold to raise funds rather than to be ma										_ No
ı aı	reported an amount on Form 990, Pai		ete if the orga	anizatior	answered "	res" on	Form 9	90, Part IV,	line 9, or		
12	Is the organization an agent, trustee, custodi		lian, for contr	ibutions	or other acc	ote not i	includor	1			
ıa									Yes		¬ Na
	on Form 990, Part X?							∟	_ res		_ No
р	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:						A may und		
							<u> </u>		Amoun		
	Beginning balance							;			
	Additions during the year							I L			
е	Distributions during the year						. 16	•			
f	Ending balance						. <u>1</u> 1	<u> </u>	_		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escro	w or cu	stodial accou	unt liabili	ity?	L	Yes	L	_ No
b	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i	f the organization ar	nswered "Yes	on For	m 990, Part	IV, line 1	10.				
		(a) Current year	(b) Prior	year	(c) Two year	s back	(d) Thre	e years back	(e) Four	years	back
1a	Beginning of year balance										
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, col	umn (a))	held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are	held an	d administer	ed for th	e organ	ization			
	by:	· ·					· ·		ſ	Yes	No
	(i) Unrelated organizations								3a(i)		$\Box$
	(ii) Related organizations								3a(ii)		T
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	rod on Schod	ulo P2							$\vdash$
	Describe in Part XIII the intended uses of the								_ JD		Ь
4 Dar	t VI Land, Buildings, and Equipm		wment lunus								
ı aı	Complete if the organization answere		Dort IV line	110 0		Dort V	lina 10				
					T			.			
	Description of property	(a) Cost or o		b) Cost			ccumul		(d) Bool	k valu	ıe
		basis (investr	ment)	basis (	otner)	de	preciation	on			
1a	Land										
b	Buildings										
	Leasehold improvements				2,257.		108,				02.
	Equipment	<b>I</b>			3,647.		105,				92.
	Other	<b>I</b>									
	. Add lines 1a through 1e. (Column (d) must e		Y column (R	) line 10	IC )				17:	2.1	94.

Schedule D (Form 990) 2021

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Sch	<u>ea</u>	ule	υ	(For	<u>m 990</u>	J) 20	21	 7
								 1

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-c	f-year market value
) Financial derivatives	(-,	(-)	· , · · · · · · · · · · · · · · · ·
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
art VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-c	f-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	(b) Dealerates
	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
tal. (Column (b) must equal Form 990, Part X, col. (B) line	15 )		
art X Other Liabilities.	10.)		
Complete if the organization answered "Yes" or	n Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25.	
(a) Description of liability	, ,	, ,	(b) Book value
(1) Federal income taxes			. ,
(2) DEFERRED RENT			72,36
(3)			, 5 0
(4)			
(5)			
(6)			
(7)			
(8)			
, V*2			
(9)			

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

	dule D (Form 990) 2021 GEORGIA GOAL SCHOLARSHIP PI				1280229	Page
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ı.				
1	Total revenue, gains, and other support per audited financial statements			1	47,166	<u>,520</u>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	1,597,441.			
b	Donated services and use of facilities	. 2b				
С	Recoveries of prior year grants	. 2c				
d	Other (Describe in Part XIII.)	. 2d				
е	Add lines 2a through 2d			2e	1,597	
3	Subtract line 2e from line 1			3	45,569	<u>,079</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	. 4b				
С	Add lines 4a and 4b			4c		0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	45,569	<u>,079</u>
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	Expenses per F	Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	<b>1</b> .				
1	Total expenses and losses per audited financial statements			1	35,167	<u>,139</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	. 2a				
b	Prior year adjustments	2b				

1	Total expenses and losses per audited financial statements	1		35,167,139.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments 2b			
С	Other losses 2c			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d	2e	,	0.
3	Subtract line 2e from line 1	3		35,167,139.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b	4c	:	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		35,167,139.

| 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.

#### PART X, LINE 2:

THE ORGANIZATION HAS BEEN GRANTED TAX-EXEMPT STATUS UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE (THE CODE) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) WHEREBY ONLY UNRELATED BUSINESS INCOME, AS DEFINED BY SECTION 512(A)(1) OF THE CODE, IS SUBJECT TO FEDERAL INCOME TAX. THE ORGANIZATION HAD NO SIGNIFICANT UNRELATED TAXABLE INCOME DURING 2021 OR 2020. ACCORDINGLY, NO PROVISION OR BENEFIT FOR INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE ORGANIZATION APPLIES THE PROVISIONS OF ACCOUNTING STANDARDS FOR INCOME TAXES. THESE STANDARDS REQUIRE THAT A TAX POSITION BE RECOGNIZED OR DERECOGNIZED BASED ON A 'MORE-LIKELY-THAN-NOT' THRESHOLD. THIS APPLIES TO

Schedul Part X	e D (For	m 990	0) 2021 ement	tal Info	G: ormat	EORG	IA C	GOAL	ı S	СНО	LAR	SH	ΙP	PRC	OGR	AM,	IN	C.	65-	-128	0229	Page 5
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DOES																						
TAX																						
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#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

Open to Public

OMB No. 1545-0047

Inspection ► Go to www.irs.gov/Form990 for the latest information. **Employer identification number** Name of the organization

	GEORGIA G	OAL SCHOL	ARSHIP PROG	RAM, INC.				65-1280	229
Part I	General Information on Grants a	nd Assistance							
crite	eria used to award the grants or assis	stance?						X Yes	No
Part II						anization answered "Y	es" on Form 990, Part I\	/, line 21, for any	
	•	·	ı.	1		(f) Method of	T		
1 (a)	Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of gran or assistance	it
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection orderia used to award the grants or assistance?    Part II   Brants and other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization analysed "Yes" on Form 990, Part IV, line 21, for any receipting that received more than \$5.000, Part II can be deulpicated if additional space is needed.    1 (a) Name and address of organization   (b) EIN   (c) IRC section (r) applicable)   Cash grant   (d) Amount of noncash assistance   (d) Amount of									
								····· <b>}</b>	
3 Ente	er total number of other organizations	s listed in the line 1	table						

Part III can be duplicated if additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
	<u> </u>				
CUITION AND RELATED FEES	7182	32,572,204.	0.		
OITION AND RELATED FEES	7182	32,372,204.	0.		
	+				
Part IV Supplemental Information. Provide the information re	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	

## SCHEDULE J (Form 990)

**Compensation Information** 

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

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

➤ Attach to Form 990.

Open to Public

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

GEORGIA GOAL SCHOLARSHIP PROGRAM,

Employer identification number 65-1280229

INC.

			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	I-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LISA KELLY	(i)	141,224.	0.	0.	5,649.	21,715.		0.
PRESIDENT	(ii)	141,302.	0.	0.	452.	1,738.		0.
(2) ALLISON SAXBY	(i)	82,148.	0.	0.	3,286.	10,182.	95,616.	0.
DIR. OF OPERATIONS	(ii)	86,409.	0.	0.	116.	361.	86,886.	0.
(3) AVERY PARKER RICE	(i)	77,076.	0.	0.	3,083.	16,013.		0.
DIR. OF ACCOUNTING & FINAN	(ii)	83,729.	0.	0.	109.	567.		0.
(4) KATE SAYLOR	(i)	68,873.	0.	0.	2,755.	8,204.		0.
DIR. OF MARKETING & COMMUN	(ii)	70,284.	0.	0.	447.	1,332.	72,063.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

## **SCHEDULE 0** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

GEORGIA GOAL SCHOLARSHIP PROGRAM, INC.

**Employer identification number** 65-1280229

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OFFERING STUDENTS FROM LOW AND MIDDLE INCOME FAMILIES OPPORTUNITIES TO
ATTEND PRIVATE K-12 SCHOOLS OF THEIR PARENTS' CHOICE.
FORM 990, PART VI, SECTION A, LINE 2:
BOARD MEMBER, DEAN MATHISON AND PRESIDENT, LISA KELLY ARE BROTHER-SISTER.
FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PERSONALLY REVIEWED BY LISA KELLY, PRESIDENT BEFORE BEING
FILED WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION B, LINE 12C:
THROUGH SEMI-ANNUAL BOARD MEETING INQUIRIES.
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD OF DIRECTORS APPROVES THE COMPENSATION OF THE TOP MANAGEMENT
OFFICIAL AND OTHER OFFICERS. THE ORGANIZATION REFERS TO THE CHRONICLE OF
PHILANTHROPY'S ANNUAL SURVEY OF NONPROFIT COMPENSATION TO MAKE A
RECOMMENDATION TO THE BOARD ON COMPENSATION OF COMPARABLE FOUNDATIONS.
FORM 990, PART VI, SECTION C, LINE 19:
UPON REQUEST
FORM 990, PART XII, LINE 2C:
NO CHANGES THIS YEAR TO THE OVERSIGHT PROCESS OR SELECTION PROCESS.

#### **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

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

GEORGIA GOAL SCHOLARSHIP PROGRAM, INC.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

65-1280229

Part I Ide	entification of Disregarded Entities. Comple	te if the organization answered "Yes"	on Form 990, Part IV, line 3	3.					
Na	(a) ame, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	or Total inco	me End-of-yea		Direct c	( <b>f)</b> ontrollino ntity	g
		_							
		_ -							
Part II Ide	entification of Related Tax-Exempt Organiza ganizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, t	pecause it had one	or more	related tax-exer	npt	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity	conti	<b>g)</b> 512(b)(13) rolled tity?
					501(c)(3))			Yes	No
3740 DAVIN	MMUNITY FOUNDATION - 58-1960821 CI COURT, SUITE 375 CORNERS, GA 30092	CHARITY	GEORGIA	501(C)(3)	LINE 8	N/A			x
		_							

		0 11 1611 1 11	", " = 000	D 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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 h	ad one or more related
Partill	organizations treated as a partnership during the tax year.				
	organizations treated as a partnership daring the tax year.				

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(i	h)	(i)	(j)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partn	Percenta ping ownersh	age ship
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	10	
										Ш		

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership		tion b)(13) rolled tity?
		country						Yes	No

1a

Page 3

Yes No

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

<b>b</b> Gift, grant, or capital contribution to related organization(s)									
c Gift, grant, or capital contribution from related organization(s)									
d Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)									
						X			
f Dividends from related organization(s)									
g Sale of assets to related organization(s)									
h Purchase of assets from related organization(s)									
i Exchange of assets with related organization(s)									
j Lease of facilities, equipment, or other assets to related organization(s)									
				1k		X			
k Lease of facilities, equipment, or other assets from related organization(s)									
Performance of services or membership or fundraising solicitations for related organization(s)									
m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Sharing of paid employees with related organization(s)									
						X			
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses									
				1r		Х			
r Other transfer of cash or property to related organization(s)									
s Other transfer of cash or property from related organization(s)									
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete th	iis line, including covered r I	elationships and transaction thresholds.						
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount i						
(1) GEORGIA COMMUNITY FOUNDATION, INC.	0	602,509.	SALARY PAYMENT ALLOCATI	ON					
(2) GEORGIA COMMUNITY FOUNDATION, INC.	Q	70,074.	SHARED EXPENSE AGREEMEN	T					
(3)									
(4)									

(5)

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprotion allocat	opor- ate ions?		Genera manag partn	(k) Percen ging owners	) ntage rship
								Ochodolo			

Schedule R	(Form 990) 2021	GEORGIA	GOAL	SCHOLARSHIP	PROGRAM,	INC.	65-1280229	Page 5
Part VII	(Form 990) 2021 Supplemental Infor	mation			•			. age e
	Provide additional informa		es to ques	stions on Schedule R. Se	ee instructions.			
		•	•					

132165 11-17-21 Schedule R (Form 990) 2021