Т

EXTENDED TO NOVEMBER 15, 2023 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

A For the 2022 calendary year, or tax year beginning and ending B Construct CName of organization D Employer identification number Address GEORGIA GOAL SCHOLARSHIP PROGRAM, INC. 65-1280229 Direct Provide the state of the DL bax if mails in of dilwards to streat address) Roomsute E Telephone number Transport Transport State of province, country, and ZIP of foreign postal code E Telephone number Provide Telephone Transport State of province, country, and ZIP of foreign postal code E Comport and stream of the dilwards to streat address) Provide Telephone France and address of principal offer. LISA RELLY To subcontinates? Vess [No Tax excempt status: X 101(0) Dir(1)(1) State of the governing body (mart V), line 140 State of the governing body (mart V), line 140 H(b) are alto address of the governing body (Part V), line 140 Y Proversite of Individuals employed in calendary user 2022 (Part V, line 140 State of the governing body (Part V), line 140 State of the governing body (Part V), line 140 Y Total unrelated business revolue from Form Form 590T, Part I, line 11 Total State of the governing body (Part V), line 140 State 0 Y Total unrelated business revolue from Part VIII, column (A), lines 130 State 792, 204.<	Department of the Treas Internal Revenue Service		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the	e latest in	formation.	Inspection
acceleration GEORGIA GOAL SCHOLARSHIP PROGRAM, INC. 55-1280229 Doing business as Doing business as 65-1280229 Number and street (or P.0. box it mail is not delivered to street address) 3740 DAVINCI COURT, SUITE 375 Room/suite E Telephone number Tron-states 0.00000000000000000000000000000000000	A For the 2022 calend			ar year, or tax year beginning and en	nding		
GBURGIA GOAL SCHOLARSHIP PROGRAM, INC. 65-1280229 Dumber and street (or P.O. box (if mail is not delivered to street address) 770-828-4625 City or town, state or province, country, and ZIP or foreign postal code G order recents 65,054,578. Partial Failed and the set of the comparison of thecomparison of the comparison of the comparison of the compariso				ation number			
Doing business as 65-1280229 Within Withi		Addr	ge GEOR	GIA GOAL SCHOLARSHIP PROGRAM, INC.			
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Image: Second		Initia			oom/suite	E Telephone number	
Sector City or town, state or province, country, and ZIP or foreign postal code G cossreeepts 5 65,054,578. PEACHTREE CORNERS, GA 30092 Ha) Is this a group return for subordinates? Yes X No 1 Taxexempt status: X 501(c)(3) 501(c) () (instruct) Hg) Is this a group return for subordinates? Yes X No 1 Taxexempt status: X 501(c)(3) 501(c) () (instruct) Hg) Is this a group return for subordinates? Yes X No 1 Taxexempt status: X 501(c)(3) 501(c) () (instruct) Hg) Is this a group return for at subordinates? Yes X No Part II Summary It is first describe the organization's mission or most significant activities: GEORGIA GOAL SCHOLARSHIP GOAL SCHOLARSHIP PCORAM, INC IS A NONPROFIT GEORGIA CORPORATION DEDICATED TO 2 Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of individuals employed in calendar year 2022 (Part V, line 1a) 3 12 4 Number of individuals employed in calendar year 2022 (Part V, line 2a) 6 0 0 0 6 O		 Final	37/0	· · · · · · · · · · · · · · · · · · ·			1625
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J Website: WWW-GOALSCHOLARSHIP.ORG H(c) Group exemption number K Form of organization: I Corporation Trust Association Other L Year of formation: 2006 M State of legal domicile: GA Part II Summary Priority describe the organization's mission or most significant activities: GEORGIA GOAL SCHOLARSHIP PROGRAM, INC IS A NONPROFIT GEORGIA CORPORATION DEDICATED TO 2 Check this box I the organization discontinued its operations or disposed of more than 25% of its net assets. 3 3 Number of voting members of the governing body (Part VI, line 1a) 4 111 4 Number of individuals employed in calendar year 2022 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 0 7 7 Total number of volunteers (estimate if necessary) 6 0 0 0 9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d) 947, 0955 304, 704. 0		pend	^{mg} 3740	DAVINCI COURT, SUITE 375, PEACHTREE	COR	H(b) Are all subordinates inc	luded? Yes No
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Z I 22 Net assets or fund balances. Subtract line 21 from line 20	etA	21					
Part II Signature Block						51,410,909.	51,111,051.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is					nd stateme	nts and to the hest of my	knowledge and helief it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	Signature of off	icar				Date		
Sign	Ũ					Dale		
Here	LISA KEI	LLY, PRESIDENT						
	Type or print na	ime and title						
	Print/Type prep	arer's name	Preparer's signa	ature	Date	Check	PTIN	
Paid	DARLENE	RUTLEDGE	DARLENE	RUTLEDGE	10/09	/23 self-employed	P01202473	
Preparer	Firm's name	BENNETT THRASHER	LLP			Firm's EIN 58-	1673613	
Use Only	Use Only Firm's address 3300 RIVERWOOD PARKWAY, #700							
		ATLANTA, GA 30339				Phone no. 770 -	396-2200	
May the IF	RS discuss this	return with the preparer shown abo	ve? See instruc	ctions			X Yes No	
232001 12-1	2001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2022) GEORGIA GOAL SCHOLARSHIP PROGRAM, INC. 65-1280229 Page	2
Par	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III]
1	Briefly describe the organization's mission:	_
	GEÓRGIA 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	-
2		
		1
	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?	1
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	_
4a	(Code:) (Expenses \$ 43,900,751. including grants of \$ 41,223,165.) (Revenue \$)
	SCHOLARSHIP PROGRAM - ALLOWS STUDENTS FROM LOW AND MIDDLE INCOME	
	FAMILIES OPPORTUNITIES TO ATTEND PRIVATE K-12 SCHOOLS OF THEIR PARENTS'	_
	CHOICE IN THE STATE OF GEORGIA.	_
		-
		-
		-
		-
		—
		_
		_
		_
		_
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
		_
		_
		_
		-
		-
		-
		-
		-
		_
		_
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
		_
		_
		_
		_
		_
		-
		-
		-
		-
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 43,900,751.	
	Farm 990 (2022	~ `

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гош	990	(2022)	

			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		<u> </u>
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		<u> </u>
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?			v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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,	44.	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	<u>11a</u>	<u></u>	
D		11b		x
~	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			- 23
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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			
u	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			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			- -
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
00	complete Schedule G, Part III	19		X X
20a		20a		^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes." complete Schedule I, Parts I and II</i>	21		x
	domosto government on ratin, column (~), interright res, " complete Schedule I, Parts I and II	21		43

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1 01111	000	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
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%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	00-		х
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		- 23
30		30		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		X
32	Did the organization requirate, terminate, or dissolve and cease operations? <i>If Yes, complete Schedule N, Part 1</i>	- 51		
02	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Pa	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rd	Check if Schedule O contains a reasonable or pate to any line in this Dart V			
	Check if Schedule O contains a response or note to any line in this Part V		 V	
4	Enter the number reported in box 2 of Earm 1006. Enter 0, if not applicable 1		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1aEnter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b			
с С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
Ū	(gambling) winnings to prize winners?	1c	Х	

Form	990 (2022) GEORGIA GOAL SCHOLARSHIP PROGRAM, INC. 65-1280	229	P	_{age} 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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		Х
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).			x
5a	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X X
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8				
	sponsoring organization have excess business holdings at any time during the year?			
9				
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
40-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	40-		
		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers.			
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	Note: See the instructions for additional information the organization must report on Schedule O.	15a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the			
D.	organization is licensed to issue qualified health plans			
<u>د</u>	Enter the amount of reserves on hand			
14a		14a		х
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	1.10		
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

	Form	990	(2022))
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GEORGIA GOAL SCHOLARSHIP PROGRAM, INC.

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

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

	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	1a	12			
	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	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		1			
2			-	2	Х	
~	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the			2	- 23	
3				~		х
			- 6110	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99			4 5		X
5						
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 ap					
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	ockho	lders, 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	-	-			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed a	t the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	/enue	Code.)			
			,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such cha					
				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body			11a		Х
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		5			
- 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			12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? $ f = \gamma_{L}$			12.0		
U		,		12c	х	
10	on Schedule O how this was done			13	X	
13	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			14	X	
14				14	<u>_</u>	
15	Did the process for determining compensation of the following persons include a review and approval		dependent			
	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	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	_				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ient w	ith a			
	taxable entity during the year?			16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zatior	ı'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 <u>GA</u>					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	d 990	-T (section 501(c)(3)s	only) a	availat	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 So	hedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con		,	financ	ial	
	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 boo	ks and	d records			
	LISA KELLY - 770-828-4625					
	3740 DAVINCI COURT, SUITE 375, PEACHTREE CORNERS, G	A	30092			

Form 990 (2022) GEORGIA GOAL SCHOLARSHIP PROGRAM, INC. 65-1280229 P	age 7
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 • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation	
Enter -0- in columns (D), (E), and (F) if no compensation was paid.	

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)			(0	C)	1		(D)	(E)	(F)
Name and title	Average	(do		Posi			one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per d a di	son i	s both	ı an	compensation	compensation	amount of
	week							from	from related	other
	(list any hours for	directo				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or o	stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	im per		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indiv	Insti	Officer	Key	High emp	Former			
(1) LISA KELLY	28.00									
PRESIDENT	22.00			Х				159,443.	168,248.	27,125.
(2) ALLISON SAXBY	28.00									
DIR. OF OPERATIONS	22.00					Х		92,525.	95,577.	16,132.
(3) JIM KELLY	20.00									
GENERAL COUNSEL	10.00				Х			80,002.	94,998.	3,400.
(4) KATE SAYLOR	27.00									
DIR. OF MARKETING & COMMUN	23.00					Х		75,934.	81,295.	15,413.
(5) BENJAMIN SAYLOR	29.00									
VP OF OPERATIONS	21.00					Х		63,960.	88,658.	9,450.
(6) RICHARD W. GILBERT	0.20									
CHAIRMAN OF THE BOARD	0.10	Х						0.	0.	0.
(7) DEAN S. MATHISON	0.20									
BOARD MEMBER	0.10	Х						0.	0.	0.
(8) GERARD ROBINSON	0.20									
BOARD MEMBER	0.10	Х						0.	0.	0.
(9) PASTOR DEXTER ROWLAND	0.20									
BOARD MEMBER	0.10	Х						0.	0.	0.
(10) TIMOTHY J. EMBRY	0.20									
SECRETARY	0.10	Х		Х				0.	0.	0.
(11) STANLEY R. EPPERSON	0.20									
TREASURER	0.10	Х		Х				0.	0.	0.
(12) DOUGLAS J. MACGINNITIE	0.20									
BOARD MEMBER	0.10	Х						0.	0.	0.
(13) JOE ARNOLD	0.20									
BOARD MEMBER	0.10	Х						0.	0.	0.
(14) CHRIS CLEVELAND	0.20									
BOARD MEMBER	0.10	Х						0.	0.	0.
(15) KEVIN RUSSELL	0.20									
BOARD MEMBER	0.10	Х						0.	0.	0.
(16) ANDREA DOVE	0.20									
BOARD MEMBER	0.10	Х						0.	0.	0.
(17) CHARLES TARBUTTON	0.20									
BOARD MEMBER	0.10	Х						0.	0.	0.

								GRAM, INC.	65-12	2802	229	Page 8
Part VII Section A. Officers, Directors, Trust		oloye	es,			hes	t Co	ompensated Employee	es (continued)			
(A) Name and title	(B) Average hours per week	box, offic	not ch unles er and	s per	tion nore t son is	than o s both	an	(D) Reportable compensation from	(E) Reportable compensatic from related	n	Esti amo	(F) mated ount of ther
	(list any hours for related organizations below	Individual trustee or director	institutional trustee		ployee	Highest compensated employee		the organization (W-2/1099-MISC/ 1099-NEC)	organization (W-2/1099-MIS 1099-NEC)	SC/	froi orgai and	ensation m the nization related
	line)	Individ	Institut	Officer	Key employee	Highest employ	Former				organ	izations
			_		_							
								471,864.	528,7	76	71	,520.
1b Subtotal c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)								471,864.	528,7	0.		<u>,520.</u> 0. ,520.
2 Total number of individuals (including but no compensation from the organization												1
3 Did the organization list any former officer,	-			•	•		Ŭ		•	[3	Yes No
 line 1a? If "Yes," complete Schedule J for su For any individual listed on line 1a, is the su and related organizations greater than \$150 	m of reportable	e coi	mpe	nsat	tion	and	oth	er compensation from t	he organization			X
5 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com	ccrue compen	satio	on fro	om a	any i	unre	late	ed organization or indivi	dual for services		5	X
Section B. Independent Contractors	managetad ind	0.000	adan	+	ntro	otor	o +h	at received more than	100 000 of com		ion from	
Complete this table for your five highest cor the organization. Report compensation for t (A)										Jensal	(C)	
Name and business	address	NC)NE	<u> </u>				Description of s	services	C	ompens	
2 Total number of independent contractors (ir		nt lim	nited	to t	hos	e liet		above) who received m	ore than			
\$100.000 of compensation from the organiz	•				0							

Form						AL	SCHOLARSI	HIP PROGRAM	M, INC.	65-1280	229 Page 9
Pa	rt VI		Statement of Re	ver	lue						
			Check if Schedule O	cont	ains a resp	onse	or note to any lin			(0)	
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
											sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a		Federated campaigns								
Gra Jou	ł		Membership dues								
ts,	0		Fundraising events								
Gif	(Related organizations								
ons, Sim			Government grants (contr All other contributions, gifts,								
utic	1	I	similar amounts not included	-			48,230,078.				
0th Oth		~	Noncash contributions included in			¢	10,200,070.				
no:	ڊ ا	-	Total. Add lines 1a-1f					48,230,078.			
0 0			Total. Add lines 1a-11				Business Code	10,200,070			
•	2 8	а					Dubineee eeue				
vice		b									
Ser		c									
am Ser evenue		d									
Program Service Revenue		e									
Pro	1	f	All other program service	reve	nue						
			Total. Add lines 2a-2f								
	3		Investment income (includ								
		other similar amounts)						808,094.			808,094.
	4 Income from investment of tax-exempt bond pr			roceeds							
	5		Royalties	<u></u>	. <u></u>						
					(i) Re	al	(ii) Personal				
	6 a	а	Gross rents	6a							
	ł	b	Less: rental expenses \dots	6b							
	(С	Rental income or (loss)	6c							
	(d	Net rental income or (loss	.) <u></u>	1						
	7 a	а	Gross amount from sales of		(i) Secur		(ii) Other				
			assets other than inventory	7a	15,917,	699.	98,707.				
	I	b	Less: cost or other basis								
venue			and sales expenses		16,519,						
eve			Gain or (loss)					F02 200			502.200
r R			Net gain or (loss)					-503,390.			-503,390.
Other R	8 8		Gross income from fundraisi	-	-						
0			including \$								
			contributions reported on		-						
		h	Part IV, line 18 Less: direct expenses								
			Net income or (loss) from								
			Gross income from gamin								
	50	a	Part IV, line 19								
		h	Less: direct expenses								
			Net income or (loss) from								
			Gross sales of inventory, I								
			and allowances			10a					
	I	b	Less: cost of goods sold								
			Net income or (loss) from								
							Business Code				
Miscellaneous Revenue	11 a	а									
ane	I	b									
sell: eve	(с									
Aisc B	(d	All other revenue								
~	(Total. Add lines 11a-11d								
	12		Total revenue. See instruction	ons				48,534,782.	0.	0.	304,704.

Check here

25

26

d MISCELLANEOUS

Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

e All other expenses

Form Pa	1 990 (2022) GEORGIA GOAL rt IX Statement of Functional Expense	L SCHOLARSHIE es	PROGRAM, IN	C. 65-12	80229 _{Page} 1
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	41 223 165.	41,223,165.		
2	Grants and other assistance to foreign	11,110,1001			
3	C C				
	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,				
	trustees, and key employees	187,883.	104,649.	55,348.	27,886
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	544,118.	303,068.	160,291.	80,759
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	18,678.	10,404.	5,502.	<u>2,772</u> 4,183
9	Other employee benefits	28,185.	15,699.	8,303.	4,183
0	Payroll taxes	44,811.	24,959.	13,201.	6,651
1	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	46,980.		46,980.	
d	Lobbying	93,969.	93,969.		
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)		1,443,018.		
2	Advertising and promotion	27,437.			27,437
13	Office expenses	52,466.	1,259.	51,207.	
4	Information technology	45,500.	11,326.	34,174.	
15	Royalties	40.070		4.4.455	
16	Occupancy	49,073.	27,334.	14,455.	7,284
7	Travel	10,715.	2,825.	2,231.	5,659
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	FO 000	50 054	05 050	
22	Depreciation, depletion, and amortization	78,832.	52,954.	25,878.	<i>с</i> 452
3	Insurance	43,477.	24,216.	12,808.	6,453
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 0.)				
а	ODEDIE OND DDOOEGGING	559,528.	559,528.		
b	401(K) ADMINISTRATIVE E	3,005.	1,745.	1,260.	
с	BANK CHARGES	1,146.		1,146.	
	MICCELLANEOUC	633	633		

633.

414.

44,503,033.

633.

43,900,751.

169,084.

414.

433,198.

GEORGIA GOAL SCHOLARSHIP PROGRAM, I	N
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NC. 65-1280229 Page 11

		Chack if Schedula O contains a response or no	to to an	v line in this Part V			
		Check if Schedule O contains a response or no	te to an		(A) Beginning of year		(B) End of year
	4	Cook non interact bearing			2,348,033.	1	1,185,456.
	1				15,685,306.	2	11,350,351.
	2	Savings and temporary cash investments			15,005,500.	2	11,330,331.
	3	Pledges and grants receivable, net			3,310,343.	3 4	20,645.
	4	Accounts receivable, net			5,510,545.	4	20,045.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs				_	
		controlled entity or family member of any of the		l l		5	
	6	Loans and other receivables from other disqual				•	
	_	under section 4958(f)(1)), and persons describe		E E E E E E E E E E E E E E E E E E E		6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use	46,028.	8	36,231.		
4	9	Prepaid expenses and deferred charges	40,028.	9	30,231.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	<u>444,584.</u> 284,642.	170 104		150 040
		Less: accumulated depreciation	10b		172,194.	10c	159,942.
	11	Investments - publicly traded securities	36,426,859.	11	44,892,490.		
	12	Investments - other securities. See Part IV, line		12	245,000.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	11 0.00	14	0.01 500		
	15	Other assets. See Part IV, line 11		11,268.	15	231,500.	
	16	Total assets. Add lines 1 through 15 (must equ	58,000,031.	16	58,121,615.		
	17	Accounts payable and accrued expenses	708,700.	17	69,352.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20					20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
iliti		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the		22			
-	23	Secured mortgages and notes payable to unrela	· · · · · · · · · · · · · · · · · · ·		23		
	24	Unsecured notes and loans payable to unrelate		ſ		24	
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on line	s 17-24)	. Complete Part X			074 406
		of Schedule D			72,362.		274,426.
	26	Total liabilities. Add lines 17 through 25			781,062.	26	343,778.
6		Organizations that follow FASB ASC 958, che	eck her	e X			
čě		and complete lines 27, 28, 32, and 33.					0 5 6 1 5 0 0
Ilan	27				2,579,599.	27	2,561,792. 55,216,045.
B	28			54,639,370.	28	55,216,045.	
oun		Organizations that do not follow FASB ASC 9	958, che	eck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
si o	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or e				30	
t As	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances	57,218,969.	32	57,777,837.		
	33	Total liabilities and net assets/fund balances			58,000,031.	33	58,121,615.

Form **990** (2022)

Part X | Balance Sheet

Form	990	(2022)
1 01111	000	

Form	1990 (2022) GEORGIA GOAL SCHOLARSHIP PROGRAM, INC.	65-12	80229	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		<u>48,534</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,503		
3	Revenue less expenses. Subtract line 2 from line 1	3	4,031		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		<u>57,218</u>		
5	Net unrealized gains (losses) on investments	5	<u>-3,472</u>	88,88	<u>31.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	<u>57,777</u>	,83	37.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2022)

SCHI	EDULE A		Dublic Cha						OMB No. 1545-0047
(Form	990)		Public Cha		つりつつ				
		Co		ization is a section 501 47(a)(1) nonexempt cha			or a section		2022
	nt of the Treasury		At		Open to Public				
	evenue Service		Go to www.irs.gov/	Form990 for instruction	is and the	latest inf	ormation.		Inspection
Name o	of the organization								identification number
Part	Reason f	GEOR	GIA GOAL SO	CHOLARSHIP PI (All organizations must c		1, INC		6	5-1280229
							ee instruction	S.	
			•	For lines 1 through 12, cl			IV A V:		
	7			n of churches described		r)(a)01 n	I)(A)(I).		
2 3	-			Attach Schedule E (Form anization described in se		/h///////	:)		
4		-		njunction with a hospital			-	(iii) Enter	the hospital's name
•	city, and state	-		.jae.e.e.e.e.e.e.e.e.e.e.e.e.e.e.e.e.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5		-	or the benefit of a col	llege or university owned	or operate	ed by a go	vernmental u	nit describe	ed in
	section 170	b)(1)(A)(iv). (C	Complete Part II.)		·	, ,			
6	A federal, sta	te, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X	An organizati	on that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	oublic described in
	section 170(I)(1)(A)(vi). (C	omplete Part II.)						
8	A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Parl	: II.)				
9	-	-		in section 170(b)(1)(A)(i		-		-	-
	-	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
<i>1</i> 0 □	university:								
10 🗌	•			than 33 1/3% of its supp				•	•
				t to certain exceptions; a					
			mplete Part III.)	(less section 511 tax) fro	in pusities	ses acqui	red by the org	anization a	inter Julie 30, 1975.
11	-			vely to test for public sat	etv See	section 50)9(a)(4).		
12	¬ -	-	-	vely for the benefit of, to	•			rrv out the	purposes of one or
	-	-	-	d in section 509(a)(1) o	-			•	
			-	f supporting organizatior					
a [Type I. A su	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving
	the support	ed organizatio	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or truste	es of the su	ipporting
-	organizatio	n. You must c	complete Part IV, Se	ections A and B.					
b	Type II. A s	upporting org	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ing
		-		anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
г	~	.,	t complete Part IV,						
c		-	•	g organization operated				ly integrate	d with,
_ ا		U	()()). You must complete F	,			tod organi-	ration(a)
d [-	• •	oorting organization oper ation generally must sati				Ū.	
			•	nplete Part IV, Sections	•		•	anatonti	
е [,	written determination from				II. Type III	
		•		nally integrated supportir			·) ·, ·)	., ., .,	
fΕ	nter the number o	•		, , , , , , , , , , , , , , , , , , , ,	0 0				
g P			about the supporte						
	(i) Name of suppo		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of	-	(vi) Amount of other
	organization			above (see instructions))	Yes	No	support (see ir	istructions)	support (see instructions)

Schedule A (Form 990) 2022 GEORGIA GOAL SCHOLARSHIP PROGRAM, INC. 65-1280229 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support		-	-					
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	21176420.	38243742.	39361747.	44621984.	48230078.	<u>191633971</u>		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	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	21176420.	38243742.	39361747.	44621984.	48230078.	191633971		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
6	Public support. Subtract line 5 from line 4.						191633971		
	tion B. Total Support	•	L		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
					44621984.				
	Gross income from interest,								
-	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	628,551.	950,375.	686.741.	437,719.	808,094.	3511480.		
9	Net income from unrelated business								
Ŭ	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
10	or loss from the sale of capital								
	assets (Explain in Part VI.)								
44	Total support. Add lines 7 through 10						195145451		
	Gross receipts from related activities,					12	<u> </u>		
	First 5 years. If the Form 990 is for th			fourth or fifth tax					
10	organization, check this box and stop	-			•				
Sec	tion C. Computation of Public								
	Public support percentage for 2022 (column (f))		14	98.20 %		
15	Public support percentage from 2021		•			15	98.02 %		
	33 1/3% support test - 2022. If the					· · · ·			
	stop here. The organization qualifies						37		
b	33 1/3% support test - 2021. If the		-						
17a	and stop here. The organization qualifies as a publicly supported organization								
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization								
	meets the facts-and-circumstances te			-		-			
h	10% -facts-and-circumstances test		•		•	17a and line 15 is			
U.	more, and if the organization meets the	-							
	organization meets the facts-and-circl								
19	Private foundation. If the organization						L		
18	i mate roundation. It the organization			a, 100, 17a, 01 17k	, oneon unis DUX a		,		

Schedule A (Form 990) 2022

	(Form 990) 2022			SCHOLARSHIP		INC.	65-1280229	Page 3
Part III	Support Schedu	ile for Organizatio	ons Des	cribed 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	<u></u>	,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
r	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						
	Public support. (Subtract line 7c from line 6.)						
		(a) 2018	(b) 2010	(a) 2020	(4) 2021	(a) 2022	
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gross income from interest,						
101	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	ne organization's fi	rst. second. third.	fourth. or fifth tax	vear as a section 5	01(c)(3) organ	ization.
		-					
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19 a	33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and li	ne 17 is not
	more than 33 1/3%, check this box a						
k	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	tructions	

7

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Yes

1

No

65-1280229 Page 5 GEORGIA GOAL SCHOLARSHIP PROGRAM, INC. Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization? 11	а		
b	A family member of a person described on line 11a above? 11	b		
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. 11	С		1
Sec	on B. Type I Supporting Organizations			

			162	
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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. <i>If</i> 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		

Section 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	. I	

Section D.	All Type I	II 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		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the	e Integral Part Test during the year	(see instructions).
•			

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c 🗌] The organization supported a governmental entity.	Describe in Part VI how	vou supported a governmental ent	ity (see instruction <u>s).</u>
-----	---	-------------------------	----------------------------------	---------------------------------

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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.

Ves No

T ... Т

Sche	dule A (Form 990) 2022 GEORGIA GOAL SCHOLARSH		-	65-1280229 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on	Nov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting o	rganization (see

instructions).

Schedule A (Form 990) 2022

GEORGIA GOAL SCHOLARSHIP PROGRAM, INC. 65-1280229 Pa	age
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Sche	dule A (Form 990) 2022 GEORGIA GOAL				5-1280229	Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting O	rganizations	continued)		
Secti	on D - Distributions				Current Yea	r
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported	I			
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiza	tions	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pr	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 t	he organization is respor	isive			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distribution	(i s Underdist Pre-:	ributions	(iii) Distributable Amount for 20	
1	Distributable amount for 2022 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
е	From 2021					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2022 from Section D,					
	line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2022 distributable amount					
с	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а	Excess from 2018					
b	Excess from 2019					
с	Excess from 2020					
d	Excess from 2021					
е	Excess from 2022					

Schedule A (Form 990) 2022

					DDOODAM	TNO	65 1000000	
Part VI	(Form 990) 2022						65-1280229	Page 8
	Supplemental Inform Part IV, Section A, lines 1,	2 3b 3c 4b 4c 5a	e explanation	is required by Pa	rt II, line 10; Part 11c: Part IV Sect	ion B lines 1:	17b; Part III, line 12; and 2 [.] Part IV, Section	C
	line 1; Part IV, Section D,	ines 2 and 3; Part IV	Section E, lir	nes 1c, 2a, 2b, 3	a, and 3b; Part V,	line 1; Part V,	Section B, line 1e; Pa	rt V,
	Section D, lines 5, 6, and	8; and Part V, Sectio	n E, lines 2, 5	, and 6. Also con	nplete this part fo	r any addition	al information.	
	(See instructions.)							

SCHEDULE C	Po	olitical Campaign a	nd Lobbying	g Activities		OMB No. 1545-0047
(Form 990)	2022					
	_	anizations Exempt From Income				LULL
Department of the Treasury	-	if the organization is described to			U-EZ.	Open to Public Inspection
Internal Revenue Service		to www.irs.gov/Form990 for ins				
-		Form 990, Part IV, line 3, or For		e 46 (Political Cam	baign Act	ivities), then
.,.,		plete Parts I-A and B. Do not com	•	Do not complete Do	4 I D	
)1(c)(3)) organizations: Complete P	arts I-A and C below. I	Do not complete Pa	τ I-В.	
Section 527 organization and	•	Form 990, Part IV, line 4, or For	m 000 EZ Dort VI lin	o 47 (Lobbying Act	ivition) th	an an
-		nave filed Form 5768 (election und			-	
.,.,		nave NOT filed Form 5768 (election		•	•	
	•	Form 990, Part IV, line 5 (Proxy	.,	<i>,</i> ,		•
Tax) (See separate inst						
 Section 501(c)(4), (5) 	, or (6) organizat	ions: Complete Part III.				
Name of organization	· · · · ·				Employe	er identification number
	GEORGIA	GOAL SCHOLARSHIP	PROGRAM, I	NC.		65-1280229
Part I-A Comple	ete if the org	anization is exempt under	r section 501(c) o	or is a section 5	27 orga	nization.
1 Provide a description	on of the organiz	ation's direct and indirect political	campaign activities in	Part IV.		
2 Political campaign	activity expendit	ures			\$	
3 Volunteer hours for	political campai	gn activities				
				-		
Part I-B Comple	ete if the org	anization is exempt under	r section 501(c)(3	š).		
1 Enter the amount o	f any excise tax	incurred by the organization under	r section 4955			
		incurred by organization managers				
		n 4955 tax, did it file Form 4720 fo				Yes No
						Yes No
b If "Yes," describe in Part I-C Comple		anization is exempt under	section 501(c)	avcent section	501/2)/3	1
-		•		-		-
		I by the filing organization for section			>	
		ization's funds contributed to othe			\$	
exempt function ac		. Add lines 1 and 2. Enter here and				
	-				\$	
						Yes No
		ployer identification number (EIN)				
		tion listed, enter the amount paid f				
contributions receiv	ed that were pro	omptly and directly delivered to a s	separate political organ	nization, such as a s	eparate se	egregated fund or a
political action com	mittee (PAC). If	additional space is needed, provid	e information in Part IV	V.		
(a) Name	3	(b) Address	(c) EIN	(d) Amount paid filing organizati funds. If none, en	on's co ter -0	(e) Amount of political ontributions received and promptly and directly delivered to a separate political organization. If none, enter -0
			1	1		

	GEORGI	A GOA	L SCHOLARSH	IP PROGRAM,	INC. 65-1	280229 Page 2
Part II-A Complete if the org section 501(h)).	anization	is exeri	ipt under section		a Form 5766 (ele	ction under
A Check if the filing organiza expenses, and shar	re of excess	lobbying e			group member's name	e, address, EIN,
Limi	ts on Lobby	ving Exper	nd "limited control" pro Inditures nts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	Jence public	; opinion (c	arassroots lobbving)			
b Total lobbying expenditures to influ	-				93,969.	
c Total lobbying expenditures (add li	nes 1a and	1b)			93,969.	
d Other exempt purpose expenditure	es				44,409,068.	
e Total exempt purpose expenditure	s (add lines	1c and 1d)			44,503,037.	
f Lobbying nontaxable amount. Ente	er the amour	nt from the	following table in both	n columns.	1,000,000.	
If the amount on line 1e, column (a) o	or (b) is:	The lob	bying nontaxable amo	ount is:		
Not over \$500,000		20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000			0 plus 15% of the exce			
Over \$1,000,000 but not over \$1,5			0 plus 10% of the exce			
Over \$1,500,000 but not over \$17,	000,000		0 plus 5% of the exces	s over \$1,500,000.		
Over \$17,000,000		\$1,000,0	000.			
	te:: 050/ ef li				250,000.	
 g Grassroots nontaxable amount (en h Subtract line 1g from line 1a. If zero 		,			230,000	
i Subtract line 1f from line 1c. If zero	-				0.	
j If there is an amount other than zer			ine 1i, did the organiza			
reporting section 4911 tax for this					Γ	Yes No
		-Year Ave	raging Period Under	Section 501(h)	L	
(Some organizations the second s	hat made a	section 50		nave to complete all o	of the five columns be	low.
	Lobby	ring Exper	nditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20	019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	1,000	,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))						6,000,000.
c Total lobbying expenditures	60	,179.	90,296.	92,484.	93,969.	336,928.
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.
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2022

Schedule C (Form 990) 2022 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)).

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		i)	(b)	
	lobbying activity.	Yes	No	Amo	ount
1 a b	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: Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
-	Other activities?			<u> </u>	
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
Fai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	n 501(c)(5 'No" OR (i), or sec (b) Part I		3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	al			
а	Current year		2a	L	
b	Carryover from last year		2 b	L	
С	Total		2 c	ļ	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	ļ	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
	expenditures next year?				
5	Taxable amount of lobbying and political expenditures. See instructions		5	L	
Par					
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-/	A, lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D	Supplemental Financial Statements
(Form 990)	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.
Department of the Treasury	Attach to Form 990.
Internal Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information

Name of the organization

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

Employer identification number

nd the latest information.

	GEORGIA GOAL SCHOLARSHIP H	PROGRAM, INC.	65-1280229
Pa	rt I Organizations Maintaining Donor Advised Funds or	Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.		
	(a) Do	onor advised funds	(b) Funds and other accounts
1	Total number at end of year		
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 writing that the		unde
Ŭ	are the organization's property, subject to the organization's exclusive legal		
6	Did the organization inform all grantees, donors, and donor advisors in writi		
U	for charitable purposes and not for the benefit of the donor or donor adviso		•
	impermissible private benefit?		
Pa	t II Conservation Easements. Complete if the organization ans	wered "Ves" on Form 990 Part	Yes No
1	Purpose(s) of conservation easements held by the organization (check all th		
	Preservation of land for public use (for example, recreation or educati		istorically important land area
		Preservation of a co	ertified historic structure
•	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservati	on contribution in the form of a	Held at the End of the Tax Year
	day of the tax year.		
	Total number of conservation easements		
	Number of conservation easements on a certified historic structure included		<u>2c</u>
d	Number of conservation easements included in (c) acquired after July 25,20		
3	Number of conservation easements modified, transferred, released, extingu	ished, or terminated by the org	anization during the tax
	year		
4	Number of states where property subject to conservation easement is locat		
5	Does the organization have a written policy regarding the periodic monitoring	ng, inspection, handling of	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of vic	plations, and enforcing conserva	ation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, handling of violatio	ns, and enforcing conservation	easements during the year
•			
8	Does each conservation easement reported on line 2(d) above satisfy the re-		
•	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements	•	
	balance sheet, and include, if applicable, the text of the footnote to the organized	anization's financial statements	that describes the
Pa	organization's accounting for conservation easements. t III Organizations Maintaining Collections of Art, Histor	rical Treasures, or Other	r Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, I		
19	If the organization elected, as permitted under FASB ASC 958, not to report		palance sheet works
14	of art, historical treasures, or other similar assets held for public exhibition,		
	service, provide in Part XIII the text of the footnote to its financial statement		
h	If the organization elected, as permitted under FASB ASC 958, to report in		nce sheet works of
D D	art, historical treasures, or other similar assets held for public exhibition, ed		
		ucation, or research in furtheral	nce of public service,
	provide the following amounts relating to these items:		¢
	(i) Revenue included on Form 990, Part VIII, line 1		
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or othe		
2	the following amounts required to be reported under FASB ASC 958 relatin		
а	Revenue included on Form 990, Part VIII, line 1	-	\$
	Assets included in Form 990, Part X		

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		GOAL SCHO						280229		ge 2
Par	t III Organizations Maintaining Co								Jed)	
3	Using the organization's acquisition, accessic	on, and other record	s, check any of	f the following th	at make s	significa	nt use of its			
	collection items (check all that apply):									
а	a Public exhibition d Loan or exchange program									
b	Scholarly research	e	e 🛄 Other							
с	Preservation for future generations									
4	Provide a description of the organization's co	llections and explair	n how they furt	her the organizat	ion's exe	mpt pu	rpose in Par	t XIII.		
5	During the year, did the organization solicit or	receive donations of	of art, historical	l treasures, or oth	ner similai	r assets				
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organ	ization answered	I "Yes" or	n Form 9	990, Part IV	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	liary for contrib	utions or other a	ssets not	include	d			
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing table:							
								Amount		
с	Beginning balance					1	c			
d	Additions during the year					1	d			
	Distributions during the year						е			
f	Ending balance						f			
2a	Did the organization include an amount on Fo						[Yes		No
b	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete if	the organization an	swered "Yes"	on Form 990, Pa	rt IV, line	10.		_		
		(a) Current year	(b) Prior ye	ar (c) Two ye	ars back	(d) Thr	ee years back	(e) Four	years b	ack
1a	Beginning of year balance									
b	Contributions									
с	Net investment earnings, gains, and losses									
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, colur	nn (a)) held as:						
а	Board designated or quasi-endowment	,	%	<i>(m</i>						
	Permanent endowment	%								
с	Term endowment	%								
	The percentages on lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	ıld equal 100%.								
3a	Are there endowment funds not in the posses	•	ation that are he	eld and administe	ered for th	he				
	organization by:							[Yes	No
	(i) Unrelated organizations							3a(i)		
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organizat									
4	Describe in Part XIII the intended uses of the									
Par										
	Complete if the organization answered	I "Yes" on Form 990), Part IV, line 1	1a. See Form 99	0, Part X,	, line 10				
	Description of property	(a) Cost or c basis (investr		Cost or other basis (other)	1	Accumu epreciat		(d) Book	value	
1a	Land									
	Buildings									
	Leasehold improvements			192,257.	,	134,	033.	58	,22	4.
	Equipment			252,327.			609.		,71	
	Other			·						
	. Add lines 1a through 1e. (Column (d) must ed		X. column (B)	line 10c.)	<u></u>	<u></u>	<u> </u>	<u>1</u> 59	,94	2.

Schedule D (Form 990) 2022

	nvestments - Other Securities. complete if the organization answered "Yes" or	n Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description	1 Of Security Or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial c	lerivatives		
2) Closely he	ld equity interests		
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	nust equal Form 990, Part X, col. (B) line 12.)		
	complete if the organization answered "Yes" or	Form 000 Dort IV line	11a Cas Form 000 Dart V line 12
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
		(b) DOOK value	(c) Method of Valuation. Cost of end-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u> (8)			
(8)			
	nust equal Form 990, Part X, col. (B) line 13.)		
Part IX C	Other Assets.		
	complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.
		escription	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
T otal. (Column	n (b) must equal Form 990, Part X, col. (B) line 1	5.)	
	Other Liabilities.		
C	complete if the organization answered "Yes" or	n Form 990, Part IV, line	
l.	(a) Description of liability		(b) Book value
	al income taxes		
(2) OPE	RATING LEASE		274,426
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column	<u>n (b) must equal Form 990, Part X, col. (B) line 2</u>	25)	

GEORGIA GOAL SCHOLARSHIP PROGRAM, INC.

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

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Schedule D (Form 990) 2022

_	edule D (Form 990) 2022 GEORGIA GOAL SCHOLARSHIP PRO					1280229 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statement	ts With	n Revenue	per Ret	urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements				1	45,061,897.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-3,472,	885.		
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	-3,472,885.
3	Subtract line 2e from line 1				3	48,534,782.
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.
-						
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	48,534,782.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	nts Wit	th Expense	s per R	•	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts Wil	th Expense	s per R	•	1.
	rt XII Reconciliation of Expenses per Audited Financial Statemen	nts Wit	th Expense	s per R	•	
Pa	rt XII Reconciliation of Expenses per Audited Financial Statemen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nts Wit	th Expense	s per R	eturr	1.
Pa 1	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements	nts Wit	th Expense	s per R	eturr	1.
Pa 1 2	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	nts Wit	th Expense	s per R	eturr	1.
Pa 1 2 a	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b	th Expense	s per R	eturr	1.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	th Expense	s per R	eturr	n. 44,503,033.
Pa 1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expense	s per R	eturr	n. <u>44,503,033.</u> 0.
Pa 1 2 a b c d	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	th Expense	s per R	1	n. 44,503,033.
Pa 1 2 a b c d e	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expense	s per R	1 2e	n. <u>44,503,033.</u> 0.
Pa 1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	th Expense	s per R	1 2e	n. <u>44,503,033.</u> 0.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	th Expense	s per R	1 2e	n. <u>44,503,033.</u> 0.
Pa 1 2 a b c d e 3 4	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	th Expense	s per R	1 2e	n. <u>44,503,033.</u> <u>0.</u> <u>44,503,033.</u> 0.
Pa 1 2 b c d e 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	th Expense	s per R	1 2e 3	n. <u>44,503,033.</u> 0.

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 2022 OR
2021. 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 232054 09-01-22

Schedule D (Form 990) 2022		AL SCHOLARSHIP	PROGRAM, INC.	65-1280229 Page 5
Part XIII Supplemental I	nformation (continued)			
POSITIONS TAKEN C	R EXPECTED TO	BE TAKEN IN A	TAX RETURN. THE	ORGANIZATION
DOES NOT BELIEVE	ITS FINANCIAL	STATEMENTS INC	CLUDE ANY MATERIA	AL UNCERTAIN
TAX POSITIONS. TH	E ORGANIZATIO	N IS NO LONGER	SUBJECT TO FEDER	RAL OR STATE
INCOME TAX EXAMIN	ATION BY TAX .	AUTHORITIES FOF	YEARS PRIOR TO	2019.

SCHEDULE I		G	irants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1	545-0047
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.								22
									Public
Internal Revenue Service			Go to www.irs		the latest inform	ation.		Inspe	
Name of the organizat	ion							Employer identification	on number
			ARSHIP PROG	RAM, INC.				65-12	80229
	nformation on Grants a								
-	zation maintain records t		-			-			
	ward the grants or assis							X Yes	No
	IV the organization's pro					opization annuared "M	aall on Farm 000 Dart	t IV/ line O1 for any	
	hat received more than \$					anization answered if	es on Form 990, Pan	t IV, III e 2 I, IOF any	
1 (a) Name and ac	ddress of organization vernment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of g or assistanc	
						,			

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

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

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Schedule I (Form 990) 2022 GEORGIA GOAL SCHOLARSHIP PROGRAM, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TUITION AND RELATED FEES	8683	41,223,165.	0.		

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

65-1280229

Page **2**

SCI	IEDULE J	Compensation Information		OMB No. 1	545-004	17
(Foi	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	20)
		Compensated Employees		20		•
Depar	ment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatior			identificatio		nber
_		GEORGIA GOAL SCHOLARSHIP PROGRAM, INC.	65-2	1280229	9	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c					
	Travel for com					
		ation and gross-up payments				
	Discretionary s	spending account Personal services (such as maid, chauffer	ir, chet)			
	16					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or		41		
0		rovision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>		
		require substantiation prior to reimbursing or allowing expenses incurred by all directors,		2		
	trustees, and onice	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
3	Indicate which if ar	ny, of the following the organization used to establish the compensation of the organization's				
U		ctor. Check all that apply. Do not check any boxes for methods used by a related organization s				
		tion of the CEO/Executive Director, but explain in Part III.	51110			
	Compensation					
	·	ompensation consultant X Compensation survey or study				
		ther organizations X Approval by the board or compensation c	ommittee			
			ommittee			
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 re					
а	-	e payment or change-of-control payment?		4a		X
		eive payment from a supplemental nonqualified retirement plan?				X
		eive payment from an equity-based compensation arrangement?		4.		X
		es 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 of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the re	evenues of:				
а	The organization?			5a		X
		ation?				X
	If "Yes" on line 5a c	r 5b, describe in Part III.				
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the n	et earnings of:				
						X
b	Any related organiz	ation?		6b		X
		r 6b, describe in Part III.				
	-	n Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		es 5 and 6? If "Yes," describe in Part III		7		X
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	le			37
				8		X
9		d the organization also follow the rebuttable presumption procedure described in				
	Regulations section					<u> </u>
LHA	For Paperwork Re	eduction Act Notice, see the Instructions for Form 990.	Schee	dule J (Forn	n 990)	2022

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS 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)	134,443.	25,000.	0.	6,288.	9,704.	175,435.	0.
PRESIDENT	(ii)	168,248.	0.	0.	620.	10,513.		0.
(2) ALLISON SAXBY	(i)	80,025.	12,500.	0.	3,685.	5,972.	102,182.	0.
DIR. OF OPERATIONS	(ii)	95,577.	0.	0.	119.	6,356.		0.
(3) JIM KELLY	(i)	80,002.	0.	0.	3,200.	0.	83,202.	0.
GENERAL COUNSEL	(ii)	94,998.	0.	0.	200.	0.	95,198.	0.
(4) KATE SAYLOR	(i)	66,934.	9,000.	0.	2,989.	5,982.		0.
DIR. OF MARKETING & COMMUN	(ii)	81,295.	0.	0.	460.	5,982.		0.
(5) BENJAMIN SAYLOR	(i)	63,960.	0.	0.	2,558.	3,179.		0.
VP OF OPERATIONS	(ii)	88,658.	0.	0.	238.	3,475.	92,371.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Fo	orm 990) 2022
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Part III Supplemental Information

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

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.



Name of the organization

GEORGIA GOAL SCHOLARSHIP PROGRAM, INC. 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.

Attach to Form 990.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number 65 - 1280229

Department of the Treasury Internal Revenue Service

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

Name of the organization

GEORGIA GOAL SCHOLARSHIP PROGRAM, INC.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity		g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
GEORGIA COMMUNITY FOUNDATION - 58-1960821							
3740 DAVINCI COURT, SUITE 375							
PEACHTREE CORNERS, GA 30092	CHARITY	GEORGIA	501(C)(3)	LINE 8	N/A		Х
	-						
	-						

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

Schedule R (Form 990) 2022

GEORGIA GOAL SCHOLARSHIP PROGRAM, INC. Schedule R (Form 990) 2022

65-1280229

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

-	l	-					1			1		
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of	Disprop	ortionate	Code V-UBI amount in box 20 of Schedule	Gene	ral or F	Percentage ownership
of related organization		(state or	entity	(related, unrelated,	income	end-of-year	alloca	itions?	amount in box	part	iging her?	ownership
		foreign country)		(related, unrelated, excluded from tax under sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes	No	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			1.00	1.10	,	1.00		
	1											
											-+	

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. Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)		0				Yes	No
	1								

Page 2

Schedule R (Form 990) 2022 GEORGIA GOAL SCHOLARSHIP PROGRAM, INC.

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No						
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?									
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		X						
b	Gift, grant, or capital contribution to related organization(s)	1b		X						
С	Gift, grant, or capital contribution from related organization(s)	1c		X						
	Loans or loan guarantees to or for related organization(s)	1d		X						
	Loans or loan guarantees by related organization(s)	1e		X						
f	Dividends from related organization(s)	1f		X						
g	Sale of assets to related organization(s)	1g		Х						
h	Purchase of assets from related organization(s)	1h		Х						
i	Exchange of assets with related organization(s)	1i		Х						
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х						
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х						
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х						
n	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х						
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х						
	Sharing of paid employees with related organization(s)	10	X							
р	Reimbursement paid to related organization(s) for expenses	1p		Х						
	Reimbursement paid by related organization(s) for expenses	1q	X							
r	Other transfer of cash or property to related organization(s)	1r		Х						
s	Other transfer of cash or property from related organization(s)	1s		X						

2	If the answer to any of the above is "Yes	," see the instructions for information on wh	no must complete this line	e, including covered re	elationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) GEORGIA COMMUNITY FOUNDATION, INC.	0	826,679.	SALARY PAYMENT ALLOCATION
(2) GEORGIA COMMUNITY FOUNDATION, INC.	Q	83,856.	SHARED EXPENSE AGREEMENT
(3)			
<u>(4)</u>			
(5)			
<u>(6)</u>			

Schedule R (Form 990) 2022 GEORGIA GOAL SCHOLARSHIP PROGRAM, INC.

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e) Are a partners 501(c) orgs. Yes I	s sec.)(3) .?	(f) Share of total income	(g) Share of end-of-year assets	Dispi tion alloca	n) opor- nate tions? No	(j) General managin partner	(k) Percentage ownership

Schedule R (Form 990) 2022

Part VII Supplemental Information

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