

Forms 990 / 990-EZ Return Summary

For calendar year 2024, or tax year beginning _____, and ending _____

58-1766060

Georgia Mountain Women's Center, Inc

Net Asset / Fund Balance at Beginning of Year 2,301,362

Revenue

Contributions	<u>2,500,756</u>
Program service revenue	<u>18,876</u>
Investment income	<u>12,503</u>
Capital gain / loss	<u>-7,292</u>
Fundraising / Gaming:	
Gross revenue	<u>53,956</u>
Direct expenses	<u>15,138</u>
Net income	<u>38,818</u>
Other income	<u>165,096</u>
Total revenue	<u>2,728,757</u>

Expenses

Program services	<u>2,258,242</u>
Management and general	<u>61,824</u>
Fundraising	<u>8,310</u>
Total expenses	<u>2,328,376</u>
Excess / (deficit)	<u>400,381</u>
Changes	<u>-2,254</u>

Net Asset / Fund Balance at End of Year 2,699,489

Reconciliation of Revenue

Total revenue per financial statements	<u>2,781,487</u>
Less:	
Unrealized gains	<u>-2,255</u>
Donated services	<u></u>
Recoveries	<u></u>
Other	<u>55,088</u>
Plus:	
Investment expenses	<u>103</u>
Other	<u></u>
Total revenue per return	<u>2,728,757</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>2,383,360</u>
Less:	
Donated services	<u></u>
Prior year adjustments	<u></u>
Losses	<u></u>
Other	<u>55,087</u>
Plus:	
Investment expenses	<u>103</u>
Other	<u></u>
Total expenses per return	<u>2,328,376</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>2,538,197</u>	<u>2,817,536</u>	
Liabilities	<u>236,835</u>	<u>118,047</u>	
Net assets	<u>2,301,362</u>	<u>2,699,489</u>	<u>398,127</u>

Miscellaneous Information

Amended return	<u></u>
Return / extended due date	<u>11/17/25</u>
Failure to file penalty	<u></u>

Form 990		Two Year Comparison Report			2023 & 2024
		For calendar year 2024, or tax year beginning _____, ending _____		Taxpayer Identification Number	
Name		Georgia Mountain Women's Center, Inc		58-1766060	
Revenue	1. Contributions, gifts, grants	2023	2024	Differences	
	1. 282,851	488,727	205,876		
	2.				
	3. 1,991,560	2,012,029	20,469		
	4. 19,634	18,876	-758		
	5. 9,236	12,503	3,267		
	6.				
	7. -497	-7,292	-6,795		
	8. 75,261	38,818	-36,443		
	9.				
	10. 159,576	160,990	1,414		
	11. 245	4,106	3,861		
12. Total revenue. Add lines 1 through 11	2,537,866	2,728,757	190,891		
Expenses	13. Grants and similar amounts paid	120,664	126,471	5,807	
	14. Benefits paid to or for members				
	15. Compensation of officers, directors, trustees, etc.				
	16. Salaries, other compensation, and employee benefits	1,106,000	1,110,103	4,103	
	17. Professional fundraising fees				
	18. Other professional fees	20,381	18,607	-1,774	
	19. Occupancy, rent, utilities, and maintenance	131,424	132,953	1,529	
	20. Depreciation and Depletion	82,166	83,144	978	
	21. Other expenses	846,974	857,098	10,124	
	22. Total expenses. Add lines 13 through 21	2,307,609	2,328,376	20,767	
	23. Excess or (Deficit). Subtract line 22 from line 12	230,257	400,381	170,124	
	24. Total exempt revenue	2,537,866	2,728,757	190,891	
Other Information	25. Total unrelated revenue				
	26. Total excludable revenue	188,194	189,183	989	
	27. Total assets	2,538,197	2,817,536	279,339	
	28. Total liabilities	236,835	118,047	-118,788	
	29. Retained earnings	2,301,362	2,699,489	398,127	
	30. Number of voting members of governing body	18	15		
	31. Number of independent voting members of governing body	18	15		
	32. Number of employees	37	39		
	33. Number of volunteers	32	39		

Filing Instructions

Georgia Mountain Women's Center, Inc

Exempt Organization Tax Return

Taxable Year Ended December 31, 2024

Date Due: November 17, 2025

Remittance: None is required. Your Form 990 for the tax year ended 12/31/24 shows no balance due.

Signature: You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned to:

Mixon, Mixon, Brown & Tench, CPAs
103 Midway Dr. Unit C
Cornelia, GA 30531-7172

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the processing of your return.

Form **8879-TE****IRS E-file Signature Authorization
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue ServiceFor calendar year 2024, or fiscal year beginning 2024, and ending 20
Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**2024**

Name of filer

EIN or SSN

Georgia Mountain Women's Center, Inc**58-1766060**

Name and title of officer or person subject to tax

**Suzanne Dow
Executive Director****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<input checked="" type="checkbox"/> 1a Form 990 check here	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b 2,728,757
<input type="checkbox"/> 2a Form 990-EZ check here	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
<input type="checkbox"/> 3a Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)	3b _____
<input type="checkbox"/> 4a Form 990-PF check here	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
<input type="checkbox"/> 5a Form 8868 check here	b Balance due (Form 8868, line 3c)	5b _____
<input type="checkbox"/> 6a Form 990-T check here	b Total tax (Form 990-T, Part III, line 4)	6b _____
<input type="checkbox"/> 7a Form 4720 check here	b Total tax (Form 4720, Part III, line 1)	7b _____
<input type="checkbox"/> 8a Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
<input type="checkbox"/> 9a Form 5330 check here	b Tax due (Form 5330, Part II, line 19)	9b _____
<input type="checkbox"/> 10a Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the

2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **Mixon, Mixon, Brown & Tench, CPAs** to enter my PIN **66060** as my signature
ERO firm name
Enter five numbers, but
do not enter all zeros

on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date **10/06/25****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

67662216540

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **Joely E Mixon CPA** Date **10/06/25**

ERO Must Retain This Form — See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Form 990

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

2024

Open to Public
Inspection**A For the 2024 calendar year, or tax year beginning**

, and ending

B Check if applicable:

Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization**Georgia Mountain Women's Center, Inc**Doing business as **Circle of Hope**Number and street (or P.O. box if mail is not delivered to street address)
120 Trinity Drive

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

Demorest GA 30535**58-1766060****706-776-3406****G Gross receipts \$****2,783,845****F Name and address of principal officer:****Suzanne Dow
120 Trinity Dr
Demorest GA 30535****H(a) Is this a group return for subordinates?** Yes No**H(b) Are all subordinates included?** Yes No

If "No," attach a list. See instructions

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527**J Website:** www.gacircleofhope.org**K Form of organization:** Corporation Trust Association Other**L Year of formation:** **1987****M State of legal domicile:** **GA****Part I Summary**

1 Briefly describe the organization's mission or most significant activities:

To support, empower, and bring hope to those affected by domestic violence.2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

b Net unrelated business taxable income from Form 990-T, Part I, line 11

3	15
4	15
5	39
6	39
7a	0
7b	0

		Prior Year	Current Year
		2,274,411	2,500,756
8	Contributions and grants (Part VIII, line 1h)	19,634	18,876
9	Program service revenue (Part VIII, line 2g)	8,739	5,211
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	235,082	203,914
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,537,866	2,728,757
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	120,664	126,471
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	1,106,000	1,110,103
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	8,310	8,310
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,080,945	1,091,802
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,307,609	2,328,376
19	Revenue less expenses. Subtract line 18 from line 12	230,257	400,381
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	2,538,197	2,817,536
22	Net assets or fund balances. Subtract line 21 from line 20	236,835	118,047
		2,301,362	2,699,489

Part II Signature Block

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

**Sign
Here**

Signature of officer

Suzanne Dow

Date

Executive Director

Type or print name and title

Paid Preparer Use Only	Preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Joely E Mixon CPA	Joely E Mixon CPA	10/13/25		P01069076
Firm's name	Mixon, Mixon, Brown & Tench, CPAs			Firm's EIN	82-3104745
	103 Midway Dr. Unit C			Phone no.	706-778-2154
Firm's address		Cornelia, GA 30531-7172			

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form 990 (2024)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

To support, empower, and bring hope to those affected by domestic violence.2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

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

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

4a (Code:) (Expenses \$ 2,258,242 including grants of \$ 126,471) (Revenue \$ 18,876)

A multi-faceted domestic violence agency providing a safe, confidential shelter; case management; safety planning; children's advocacy; trauma-focused individual and group counseling; legal advocacy to obtain temporary protective orders; social advocacy; transportation assistance; parenting and life skills education; financial assistance; and follow-up services. Emphasis is also placed on offering extended housing services providing short to long-term supportive housing for families who need assistance.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

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

(Expenses \$

including grants of \$

) (Revenue \$

)

4e Total program service expenses

2,258,242

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 <input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 <input checked="" type="checkbox"/>	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 <input checked="" type="checkbox"/>	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10 <input checked="" type="checkbox"/>	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a <input checked="" type="checkbox"/>	
b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b <input checked="" type="checkbox"/>	
c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c <input checked="" type="checkbox"/>	
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d <input checked="" type="checkbox"/>	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 <input checked="" type="checkbox"/>	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	
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? If "Yes," complete Schedule G, Part I. See instructions	17 <input checked="" type="checkbox"/>	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 <input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 <input checked="" type="checkbox"/>	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a <input checked="" type="checkbox"/>	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b <input checked="" type="checkbox"/>	
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? If "Yes," complete Schedule I, Parts I and II	21 <input checked="" type="checkbox"/>	

Part IV Checklist of Required Schedules (continued)

		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	X
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	X
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	
c	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 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).		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
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	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
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	X
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? Note: All Form 990 filers are required to complete Schedule O.	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable

1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

	Yes	No
1a	50	
1b	0	
1c		X

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	39
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
	If "Yes," see 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	X
	If "Yes," complete Form 4720, Schedule O.		
17	Section 501(c)(21) organizations. Did the trust, 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.		

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

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year **1a 15**

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.

1b Enter the number of voting members included on line 1a, above, who are independent **1b 15**

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? **2 X**

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? **3 X**

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4 X**

5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5 X**

6 Did the organization have members or stockholders? **6 X**

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **7a X**

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? **8a X**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: **8b X**

a The governing body? **8a X**

b Each committee with authority to act on behalf of the governing body? **8b X**

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. **9 X**

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

10a Did the organization have local chapters, branches, or affiliates? **10a X**

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? **10b**

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **11a X**

b Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a X**

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 **12b X**

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12c X**

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done **13 X**

13 Did the organization have a written whistleblower policy? **14 X**

14 Did the organization have a written document retention and destruction policy? **15 X**

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? **15a X**

a The organization's CEO, Executive Director, or top management official **15b X**

b Other officers or key employees of the organization **16a X**

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. **16b**

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? **16a X**

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? **16b**

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **GA**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website Upon request Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

Suzanne Dow
Demorest

120 Trinity Dr

GA 30535

706-776-3406

Form 990 (2024) Georgia Mountain Women's Center, Inc 58-1766060

Page 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 year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional trustee	Officer	Key/ employee	Highest compensated employee			
(1) Quentin Carr Director	2.00 0.00	X						0	0	0
(2) Bria Clough Vice President	2.00 0.00	X		X				0	0	0
(3) Lynn Cox Director	2.00 0.00	X						0	0	0
(4) Leigh Crenshaw Director	2.00 0.00	X						0	0	0
(5) Kimberly Criser Director	2.00 0.00	X		X				0	0	0
(6) Tracy Ferguson Secretary	2.00 0.00	X		X				0	0	0
(7) Ashley Hatchett Director	2.00 0.00	X						0	0	0
(8) Billy Jenkins Director	2.00 0.00	X						0	0	0
(9) Kim Kaminski Treasurer	2.00 0.00	X		X				0	0	0
(10) Jennifer King Director	2.00 0.00	X						0	0	0
(11) Robin Krockum Director	2.00 0.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Former or director or director trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Ciarra Motes	2.00									
(12) Director	0.00	X						0	0	0
(13) Kathy Palmer	2.00									
(13) President	0.00	X	X					0	0	0
(14) Barbara Strain	2.00									
(14) Director	0.00	X						0	0	0
(15) Candice Williams	2.00									
(15) Director	0.00	X						0	0	0
(16)										
(17)										
(18)										
(19)										

1b Subtotal

c Total from continuation sheets to Part VII, Section A

d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	0	

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

		(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					
1a Federated campaigns	1a	38,198			
b Membership dues	1b				
c Fundraising events	1c				
d Related organizations	1d				
e Government grants (contributions)	1e	2,012,029			
f All other contributions, gifts, grants, and similar amounts not included above	1f	450,529			
g Noncash contributions included in lines 1a-1f	1g	\$ 31,005			
h Total. Add lines 1a-1f		2,500,756			
Program Service Revenue		Business Code			
2a Client Contributions	900099	18,876	18,876		
b					
c					
d					
e					
f All other program service revenue					
g Total. Add lines 2a-2f		18,876			
3 Investment income (including dividends, interest, and other similar amounts)			12,503		12,503
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real	(ii) Personal			
6a					
b Less: rental expenses					
c Rental inc. or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
7a		1,730			
b Less: cost or other basis and sales exps.		9,022			
c Gain or (loss)	7c	-7,292			
d Net gain or (loss)			-7,292	-9,022	1,730
8a Gross income from fundraising events (not including \$					
of contributions reported on line 1c). See Part IV, line 18	8a	53,956			
b Less: direct expenses	8b	15,138			
c Net income or (loss) from fundraising events			38,818		
9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a	191,918			
b Less: cost of goods sold	10b	30,928			
c Net income or (loss) from sales of inventory			160,990	160,990	
Miscellaneous Revenue		Business Code			
11a Other Revenue	900099	4,106	4,106		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		4,106			
12 Total revenue. See instructions		2,728,757	174,950	0	14,233

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 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	126,471	126,471		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	920,836	895,521	19,239	6,076
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	113,096	110,020	2,338	738
10 Payroll taxes	76,171	74,114	1,563	494
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	16,359		16,359	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	103	103		
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O)	2,145		2,145	
12 Advertising and promotion	5,068	4,975		93
13 Office expenses	8,274	7,129	1,077	68
14 Information technology	18,410	18,410		
15 Royalties				
16 Occupancy	132,953	132,953		
17 Travel	31,583	31,583		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	11,795		11,795	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	83,144	83,144		
23 Insurance	58,206	55,512	2,694	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a Supportive Housing	193,146	193,146		
b Rapid Rehousing	148,199	148,199		
c Transitional Housing	120,275	120,275		
d Contract Services	54,277	54,277		
e All other expenses	207,865	202,410	4,614	841
25 Total functional expenses. Add lines 1 through 24e	2,328,376	2,258,242	61,824	8,310
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	312,365	1	408,243
	2 Savings and temporary cash investments	502,100	2	
	3 Pledges and grants receivable, net	391,852	3	496,971
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	30,928	8	31,005
	9 Prepaid expenses and deferred charges	9,807	9	12,083
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,831,718		
	b Less: accumulated depreciation	1,056,030	10c	1,775,688
	11 Investments—publicly traded securities	41,046	11	41,888
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	26,810	15	51,658
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,538,197	16	2,817,536	
Liabilities	17 Accounts payable and accrued expenses	122,860	17	89,174
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	107,431	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	6,544	25	28,873
	26 Total liabilities. Add lines 17 through 25	236,835	26	118,047
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/>			
	and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,030,013	27	2,373,964
	28 Net assets with donor restrictions	271,349	28	325,525
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>			
	and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	2,301,362	32	2,699,489
33 Total liabilities and net assets/fund balances	2,538,197	33	2,817,536	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	2,728,757
2 Total expenses (must equal Part IX, column (A), line 25)	2	2,328,376
3 Revenue less expenses. Subtract line 2 from line 1	3	400,381
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,301,362
5 Net unrealized gains (losses) on investments	5	-2,255
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	1
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	2,699,489

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.	2a	<input checked="" type="checkbox"/>
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	<input checked="" type="checkbox"/>
2b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2c	<input checked="" type="checkbox"/>
2c 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	3a	<input checked="" type="checkbox"/>
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? _____ b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	<input checked="" type="checkbox"/>

Form 990 (2024)

Name of organization

Georgia Mountain Women's Center, Inc

Employer identification number
58-1766060

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Department of Community Affairs 60 Executive Park South NE Atlanta GA 30329-2231	\$ 76,612	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Georgia Department of Human Resource 2 Peachtree St Sutie 26-253 Atlanta GA 30303	\$ 552,281	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Georgia Housing & Financing Authorit 60 Executive Park S Fl2 Atlanta GA 30329	\$ 178,292	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Criminal Justice Coordinating Counci 104 Marietta St Suite 440 Atlanta GA 30303	\$ 836,629	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	U. S. Dept of Housing & Urban Dev 451 7th Street SW Washington DC 20410	\$ 183,843	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	U.S. Dept of Justice 950 Pennsylvania Ave NW Washington DC 20530-0001	\$ 184,372	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Georgia Mountain Women's Center, Inc

Employer identification number

58-1766060

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	J Bulow Campbell Foundation 4401 Northside Pkwy NW Suite 950 Atlanta GA 30327	\$ 220,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D**(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Employer identification number

Georgia Mountain Women's Center, Inc**58-1766060****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts**

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

	(a) Donor 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 assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included on line 2a

d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year

4 Number of states where property subject to conservation easement is located

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

 Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

\$

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)

(i) and section 170(h)(4)(B)(ii)?

 Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1

\$

(ii) Assets included in Form 990, Part X

\$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1

\$

b Assets included in Form 990, Part X

\$

Schedule D (Form 990) (Rev. 12-2024) **Georgia Mountain Women's Center, Inc 58-1766060**

Page 2

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).

a Public exhibition
 b Scholarly research
 c Preservation for future generations

d Loan or exchange program
 e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table.

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds

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

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

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

a Board designated or quasi-endowment %

b Permanent endowment %

c Term endowment %

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

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

(i) Unrelated organizations?

(ii) Related organizations?

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Yes	No
3a(i)	
3a(ii)	
3b	

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		358,783		358,783
b Buildings		1,079,502	238,147	841,355
c Leasehold improvements		952,392	525,190	427,202
d Equipment		261,782	140,752	121,030
e Other		179,259	151,941	27,318

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 1,775,688

Schedule D (Form 990) (Rev. 12-2024) Georgia Mountain Women's Center, Inc 58-1766060

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Part VII Investments – Other Securities

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments – Program Related

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

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

Part IX Other Assets

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

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

Part X Other Liabilities

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

1.	(a) Description of liability	(b) Book value
(1) Federal income taxes		
(2) Operating Lease		27,820
(3) Sales Tax Payable		1,053
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))		28,873

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

Schedule D (Form 990) (Rev. 12-2024) **Georgia Mountain Women's Center, Inc** 58-1766060

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total revenue, gains, and other support per audited financial statements	1	2,781,487
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	-2,255
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	55,088
e Add lines 2a through 2d	2e	52,833
3 Subtract line 2e from line 1	3	2,728,654
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	103
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	103
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,728,757

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1 Total expenses and losses per audited financial statements	1	2,383,360
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII.)	2d	55,087
e Add lines 2a through 2d	2e	55,087
3 Subtract line 2e from line 1	3	2,328,273
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	103
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	4c	103
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,328,376

Part XIII Supplemental Information

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

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Costs of Donated Assets Sold	\$	30,928
Direct Fundraising Expenses	\$	15,138
Loss on Disposal of Assets	\$	9,021
Rounding	\$	1

Part XIII, Line 2d - Expense Amounts Included in Financials - Other

Costs of Donated Assets Sold	\$	30,928
Direct Fundraising Expenses	\$	15,138
Loss on Disposal of Assets	\$	9,021

Schedule D (Form 990) (Rev. 12-2024) **Georgia Mountain Women's Center, Inc** **58-1766060**

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Part XIII Supplemental Information (continued)

SCHEDULE G
(Form 990)(Rev. December 2024)
Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Georgia Mountain Women's Center, Inc

Employer identification number

58-1766060**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a <input type="checkbox"/> Mail solicitations	e <input type="checkbox"/> Solicitation of nongovernment grants
b <input type="checkbox"/> Internet and email solicitations	f <input type="checkbox"/> Solicitation of government grants
c <input type="checkbox"/> Phone solicitations	g <input type="checkbox"/> Special fundraising events
d <input type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

Schedule G (Form 990) (Rev. 12-2024) **Georgia Mountain Women's Center, Inc** 58-1766060

Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 Bags and Bubbly (event type)	(b) Event #2 Denim & Diamond (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	35,956	18,000		53,956
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	35,956	18,000		53,956
Direct Expenses				
4 Cash prizes				
5 Noncash prizes		700		700
6 Rent/facility costs	1,013	2,388		3,401
7 Food and beverages	3,664			3,664
8 Entertainment				
9 Other direct expenses	7,373			7,373
10 Direct expense summary. Add lines 4 through 9 in column (d)				15,138
11 Net income summary. Subtract line 10 from line 3, column (d)				38,818

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

Schedule G (Form 990) (Rev. 12-2024) **Georgia Mountain Women's Center, Inc** 58-1766060

Page 3

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name

Address

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$

c If "Yes," enter the name and address of the third party:

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation \$

Description of services provided

 Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

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

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SCHEDULE I
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service
**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

Georgia Mountain Women's Center, Inc

Employer identification number

58-1766060**Part I General Information on Grants and Assistance**

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

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

Schedule I (Form 990) (Rev. 12-2024) **Georgia Mountain Women's Center, Inc** 58-1766060

Page 2

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Direct Client Assistance		126,471			
2					
3					
4					
5					
6					
7					

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

SCHEDULE M
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

Georgia Mountain Women's Center, Inc

OMB No. 1545-0047

2024**Open To Public
Inspection**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Employer identification number

58-1766060**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (.....				
26 Other (.....				
27 Other (.....				
28 Other (.....				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement			29	

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

Schedule M (Form 990) 2024 **Georgia Mountain Women's Center, Inc 58-1766060**

Page 2

Part II

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

SCHEDULE O**(Form 990)**

(Rev. December 2024)

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.

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.**Open to Public
Inspection**

Name of the organization

Employer identification number

Georgia Mountain Women's Center, Inc**58-1766060****Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**
Board of Directors review the 990 before the return is filed.**Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy**
Board members are required to sign a conflict of interest form annually.**Form 990, Part VI, Line 15a - Compensation Process for Top Official**
Compensation process for Executive Director is reviewed on an annual basis.**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation**
Governing documents are made available to the public upon request and on
guidestar.org.**Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation**

Costs of Donated Assets Sold	\$ 30,928
Direct Fundraising Expenses	\$ 15,138
Loss on Disposal of Assets	\$ 9,021
Rounding	\$ 1
Costs of Donated Assets Sold	\$ -30,928
Direct Fundraising Expenses	\$ -15,138
Loss on Disposal of Assets	\$ -9,021
Total	\$ 1

SCHEDULE A
(Form 990)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

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

OMB No. 1545-0047

2024**Open to Public
Inspection****Attach to Form 990 or Form 990-EZ.**Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Georgia Mountain Women's Center, Inc

Employer identification number

58-1766060**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

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

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

Cat. No. 11285F

Schedule A (Form 990) 2024

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,884,201	1,804,790	1,961,481	2,274,411	2,500,756	10,425,639
2 Tax revenues levied for the organization'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	1,884,201	1,804,790	1,961,481	2,274,411	2,500,756	10,425,639
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						10,425,639

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	1,884,201	1,804,790	1,961,481	2,274,411	2,500,756	10,425,639
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,731	6,360	10,394	9,236	12,503	42,224
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						10,467,863
12 Gross receipts from related activities, etc. (see instructions)					12	1,291,831
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	99.60 %
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	99.67 %
16a 33 1/3% support test — 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test — 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test — 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests — 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support tests — 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	1	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>	3a	
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>	4a	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	4b	
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>	4c	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>	5a	
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?	5b	
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6	
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	7	
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>	8	
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>	9a	
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>	9b	
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c	
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>	10a	
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b	A family member of a person described on line 11a above?	11b	
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

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	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

a The organization satisfied the Activities Test. Complete line 2 below.

b The organization is the parent of each of its supported organizations. Complete line 3 below.

c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

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 each of its 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.

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B
(Form 990)
(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Georgia Mountain Women's Center, Inc

Employer identification number

58-1766060

Organization type (check one):

Filers of:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Form **4562**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)
Attach to your tax return.Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2024Attachment
Sequence No. **179****Georgia Mountain Women's Center, Inc**Identifying number
58-1766060

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,220,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	3,050,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2023 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2025. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	83,145

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2024	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B—Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			27.5 yrs.	MM	S/L	
			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	83,145
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562** (2024)
There are no amounts for Page 2

Form 990, Page 1

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
181	Honeywell Access Control System	7/27/17	2,350			2,350	5	MO S/L	2,350	0
182	HP CPU for Director	7/27/17	642			642	5	MO S/L	642	0
183	Heat Pump for Shelter	9/18/17	3,933			3,933	5	MO S/L	3,933	0
184	Freezer for Shelter	9/22/17	829			829	5	MO S/L	829	0
185	Improvements to 208 Stephens Dr	12/21/17	854			854	15	MO S/L	342	57
	Mass Sale: 12/31/24									
186	Odyssey Van	1/25/18	33,900			33,900	5	MO S/L	33,900	0
187	New Roof for Eastanolle	4/25/18	12,455			12,455	31	MO S/L	2,241	395
188	3 Desks for Admin Office	5/03/18	1,647			1,647	7	MO S/L	1,333	236
189	3 Desks for Shelter	5/03/18	1,647			1,647	7	MO S/L	1,333	236
190	2017 Dodge Caravan	8/08/18	20,000			20,000	5	MO S/L	20,000	0
191	Playground Equipment	9/28/18	15,915			15,915	5	MO S/L	15,915	0
192	Executive Shaker Desk	8/15/18	898			898	7	MO S/L	695	128
193	Oven for Shelter	11/24/18	863			863	5	MO S/L	863	0
194	Security Camera System	9/28/18	535			535	5	MO S/L	535	0
196	Pottery Barn Bench for Shelter	4/25/18	760			760	7	MO S/L	615	108
197	HVAC for Shelter	7/31/18	3,594			3,594	5	MO S/L	3,594	0
199	2 Smart TV's	9/25/18	3,060			3,060	5	MO S/L	3,060	0
200	Kitchen Improvements - Eastanolle	7/31/19	7,350			7,350	7	MO S/L	4,638	1,050
201	Dog Kennels - Eastanollee	5/30/19	2,103			2,103	7	MO S/L	1,377	301
202	Kitchen Cabinets/Countertops - Eastanollee	7/25/19	4,536			4,536	7	MO S/L	2,862	648
203	Painting - Eastanollee	9/30/19	4,550			4,550	7	MO S/L	2,763	650
204	Shelter Improvements - Painting	9/30/19	8,390			8,390	7	MO S/L	5,094	1,198
205	Shelter Improvements - Flooring	9/30/19	18,019			18,019	15	MO S/L	5,105	1,202
206	Painting of Outreach offices	9/30/19	3,280			3,280	15	MO S/L	929	219
	Mass Sale: 12/31/24									
207	Carpet for Outreach Office	9/30/19	6,145			6,145	15	MO S/L	1,741	410
	Mass Sale: 12/31/24									
208	Dining Table & Chairs for Shelter	5/08/19	2,356			2,356	7	MO S/L	1,571	336
209	Conference Room Table - Shelter	6/05/19	1,887			1,887	7	MO S/L	1,236	269
210	Dining Table & Chairs - Shelter	8/29/19	3,825			3,825	7	MO S/L	2,368	546
211	Tables & Desk - Shelter	9/15/19	3,100			3,100	7	MO S/L	1,919	443
212	3 Sofas - Shelter	9/13/19	3,898			3,898	7	MO S/L	2,413	557
214	Storage Shed - Shelter	4/29/19	2,686			2,686	5	MO S/L	2,507	179
218	Kitchen Appliances - Eastanolle	7/17/19	3,773			3,773	5	MO S/L	3,333	440
220	Shelter Appliances	8/26/19	10,173			10,173	5	MO S/L	8,817	1,356
222	2018 Dodge Caravan	6/27/19	18,000			18,000	5	MO S/L	16,200	1,800
223	Laptop for Prison Reentry Program	3/11/20	631			631	5	MO S/L	484	126
224	8 Camera Security System w/DVR	6/25/20	6,259			6,259	5	MO S/L	4,381	1,252
225	Laptop for Associate Director	7/06/20	645			645	5	MO S/L	452	129
	Mass Sale: 12/31/24									
226	2 HP 15.6 Laptops for Staff	8/20/20	1,198			1,198	5	MO S/L	799	240
	Mass Sale: 12/31/24									
227	Security System - Admin Office	9/21/20	4,329			4,329	5	MO S/L	2,814	866
228	A/C for Shelter	7/14/20	4,139			4,139	5	MO S/L	2,897	828
229	30KW Generator	8/25/20	17,700			17,700	5	MO S/L	11,800	3,540
230	2019 Dodge Caravan	6/03/20	21,768			21,768	5	MO S/L	15,600	4,354
233	Building Improvements (Shelter Sheetrock,	7/22/21	2,956			2,956	7	MO S/L	1,021	422
234	Building Improvements (Shelter entrance de	7/22/21	2,647			2,647	7	MO S/L	914	378
236	Lenovo Laptop Intel - Suzanne	2/28/21	880			880	5	MO S/L	499	176
237	Whirlpool Upright Freezer - Liberty Hill	5/11/21	1,008			1,008	5	MO S/L	538	201
238	Heating Unit - Liberty Hill	2/03/21	3,518			3,518	5	MO S/L	2,052	704
239	Improvements to Shelter Kitchen	8/18/22	21,954			21,954	15	MO S/L	1,951	1,464
240	Touchless Faucets for Shelter	3/17/22	1,470			1,470	5	MO S/L	515	294
241	Washer & Dryer for Shelter	4/21/22	3,011			3,011	5	MO S/L	1,004	602
242	Shelter Furniture	6/13/22	15,000			15,000	7	MO S/L	3,393	2,143
245	Washer & Dryer Set (Shelter)	6/27/22	2,316			2,316	5	MO S/L	695	463
246	Commercial Refrigerator (Shelter)	8/01/22	2,999			2,999	5	MO S/L	850	600
247	CPU for Finance Administrator	8/26/22	1,109			1,109	5	MO S/L	296	221
248	2 HP Laptops for Shelter Staff	9/01/22	1,455			1,455	5	MO S/L	388	291
249	Bosch Dishwasher - Shelter	4/11/23	743			743	5	MO S/L	111	149
250	Shelter Security Monitoring Cameras	9/29/23	4,295			4,295	5	MO S/L	215	859
251	HP Pavilion Laptop (L Potter)	5/04/23	695			695	5	MO S/L	93	139
252	HP All in One (S Dow)	11/19/23	1,193			1,193	5	MO S/L	20	238
253	Security Gate and Monitoring System	12/31/23	46,574			46,574	15	MO S/L	0	3,105
254	Shelter HVAC Systems x 2	6/03/24	13,037			13,037	5	MO S/L	0	1,521
255	New Septic Line	12/06/24	14,140			14,140	15	MO S/L	0	79
256	HP 2023 Laptops x 2	2/02/24	1,535			1,535	5	MO S/L	0	281
257	HP ProDesk 600 x 2	2/02/24	1,292			1,292	5	MO S/L	0	237
258	Lenovo Thinkbook 15 x 3	9/03/24	1,908			1,908	5	MO S/L	0	127
259	Conference Room Camera	12/10/24	1,118			1,118	5	MO S/L	0	19

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
260	120 Trinity Drive Facility	12/03/24	519,502			519,502	39	MO S/L	0	1,110
261	Trinity Drive Sign	9/23/24	1,564			1,564	15	MO S/L	0	26
262	Custom Artwork Piece	9/19/24	850			850	7	MO S/L	0	30
263	Outreach Building Fence	10/09/24	26,904			26,904	15	MO S/L	0	448
264	Network Environment	2/16/24	4,758			4,758	5	MO S/L	0	793
265	Whirlpool Range & Fridge	3/11/24	1,770			1,770	5	MO S/L	0	295
266	Camera, Alarm, Access Control System	8/23/24	32,803			32,803	5	MO S/L	0	2,187
267	Chairs & Cabinets for New Office	3/15/24	11,383			11,383	7	MO S/L	0	1,355
268	Conference Table	3/25/24	1,699			1,699	7	MO S/L	0	182
269	716 Jade Haven Washer/Dryer	12/19/24	1,459			1,459	5	MO S/L	0	0
270	319 Jade Circle Washer/Dryer	12/19/24	1,197			1,197	5	MO S/L	0	0
271	289 Valley Village Washer/Dryer	12/19/24	1,466			1,466	5	MO S/L	0	0
272	623 Crestwood Washer/Dryer	12/19/24	1,463			1,463	5	MO S/L	0	0
273	405 Oakland Washer/Dryer	12/19/24	1,466			1,466	5	MO S/L	0	0
274	321 Jade Circle Washer/Dryer	12/19/24	1,197			1,197	5	MO S/L	0	0
275	PSH 95A Wanda Dr Flooring	5/03/24	2,052			2,052	15	MO S/L	0	91
276	Land for 120 Trinity Drive	12/31/24	100,000			100,000	0	-- Land	0	0
Total Other Depreciation			<u>2,848,823</u>			<u>2,848,823</u>			<u>980,975</u>	<u>83,145</u>
Total ACRS and Other Depreciation			<u>2,848,823</u>			<u>2,848,823</u>			<u>980,975</u>	<u>83,145</u>
Grand Totals			<u>2,848,823</u>			<u>2,848,823</u>			<u>980,975</u>	<u>83,145</u>
Less: Dispositions and Transfers			<u>17,106</u>			<u>17,106</u>			<u>6,699</u>	<u>1,388</u>
Less: Start-up/Org Expense			<u>0</u>			<u>0</u>			<u>0</u>	<u>0</u>
Net Grand Totals			<u><u>2,831,717</u></u>			<u><u>2,831,717</u></u>			<u><u>974,276</u></u>	<u><u>81,757</u></u>

GA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
Other Depreciation:								
1	Building Improvements	12/29/05	20,000	20,000	20,000	0	0	0
2	Landscaping	12/21/07	32,390	32,390	32,390	0	0	0
35	Land	11/16/98	123,783	123,783	0	0	0	0
36	Building Improvements	12/31/04	58,651	58,651	28,574	1,503	1,504	1
46	Fence	9/27/05	12,900	12,900	12,900	0	0	0
50	Landscaping	10/17/05	3,704	3,704	3,704	0	0	0
52	Compressor	10/25/05	267	267	267	0	0	0
53	Kitchen Appliances	10/26/05	7,454	7,454	7,454	0	0	0
54	Playground Equipment	11/01/05	1,934	1,934	1,934	0	0	0
57	Security System	6/21/05	7,751	7,751	7,751	0	0	0
62	Security System	8/30/05	12,260	12,260	12,260	0	0	0
63	Building Improvements	8/31/05	2,822	2,822	2,822	0	0	0
64	Building Improvements	9/30/05	576,696	576,696	269,864	14,787	14,787	0
69	Security System Update	6/01/06	715	715	715	0	0	0
79	Driveway Paving	6/12/07	3,750	3,750	3,750	0	0	0
86	Printer	3/02/07	354	354	354	0	0	0
89	Lights/Ceiling	2/22/07	538	538	538	0	0	0
90	A/C Unit	4/05/07	373	373	373	0	0	0
91	Landscaping	1/28/08	1,780	1,780	1,780	0	0	0
101	Building Door	6/17/09	658	658	245	16	17	1
102	Building Windows	10/22/09	518	518	188	13	13	0
106	AC - Thrift Store	6/10/09	534	534	519	15	15	0
107	Playground Improvements	3/15/09	40,854	40,854	40,400	454	454	0
108	Fencing	3/30/10	4,398	4,398	4,032	293	293	0
109	Dining Room Chairs	8/04/10	1,281	1,281	1,281	0	0	0
111	Fencing	8/10/10	4,660	4,660	4,168	311	311	0
113	Shredder	3/18/10	704	704	704	0	0	0
114	Dishwasher	4/02/10	740	740	740	0	0	0
116	Dell Server	8/04/10	1,017	1,017	1,017	0	0	0
117	Furniture (Apts) (OVW)	2/08/10	2,951	2,951	2,951	0	0	0
118	Furniture (Apts) (OVW)	5/21/10	4,259	4,259	4,259	0	0	0
120	Furniture (Apts) (OVW)	8/02/10	2,593	2,593	2,593	0	0	0
121	2 - Washers/Dryers (OVW)	8/05/10	1,674	1,674	1,674	0	0	0
122	Furniture (Apts) (OVW)	9/28/10	2,371	2,371	2,371	0	0	0
123	Furniture (Apt) (OVW)	11/17/10	4,315	4,315	4,315	0	0	0
124	Washer/Dryer (OVW)	11/09/10	916	916	916	0	0	0
126	Washer & Dryer (OVW)	4/20/11	912	912	912	0	0	0
127	3 Dressers	1/01/11	642	642	642	0	0	0
129	Washer & Dryers (3)	6/24/11	2,300	2,300	2,300	0	0	0
130	Bunk Beds/Twin Beds	8/04/11	932	932	932	0	0	0
131	Furniture for Apts.	9/16/11	1,619	1,619	1,619	0	0	0
132	Fence - Shelter	3/21/11	4,369	4,369	3,714	291	291	0
134	Dresser/Mattresses (Shelter)	9/28/11	1,467	1,467	1,467	0	0	0
135	Building - Eastanollee	8/22/11	560,000	560,000	219,259	17,778	17,778	0
136	Land - Eastanollee	8/22/11	135,000	135,000	0	0	0	0
141	Leasehold Improvements - Cornelia Thrift	6/30/12	3,898	3,898	3,898	0	0	0
144	Shelter Handicap Bathroom Renovation	9/18/13	2,646	2,646	1,808	177	177	0
145	Shelter Improvements	9/05/13	5,611	5,611	3,865	374	374	0
146	Shelter Furniture	8/29/13	1,260	1,260	1,260	0	0	0
149	Website Design	7/05/13	795	795	795	0	0	0
150	2006 Box Truck	11/06/14	7,000	7,000	7,000	0	0	0
154	Furnishings for 202 Berry Ct (Shelter +Care	8/19/14	1,408	1,408	1,408	0	0	0
155	Furnishings for 27 Andrews St.	12/04/14	655	655	655	0	0	0
156	Improvements to Bathroom @ Shelter	5/16/14	2,761	2,761	2,761	0	0	0
158	Animal Kennel	3/27/14	5,500	5,500	5,500	0	0	0
165	Painting in Shelter	6/01/15	6,675	6,675	6,675	0	0	0
166	Carpet/Tile for Shelter	6/08/15	3,222	3,222	3,222	0	0	0
167	Furnishings for Shelter	6/26/15	3,889	3,889	3,889	0	0	0
170	Clarkesville Thrift Store Window Tinting	12/07/15	1,737	1,737	1,737	0	0	0
171	A/C Unit for Cornelia Thrift Store	6/30/15	502	502	502	0	0	0
174	Bosch 500 Series Gas Cooktop	10/27/16	866	866	866	0	0	0
175	Improvements to Shelter	10/28/16	10,952	10,952	5,233	730	730	0
176	Improvements to Eastanollee	8/30/16	11,082	11,082	5,418	739	739	0
177	Dell Poweredge T130 Server	10/17/16	566	566	566	0	0	0
178	Improvements to 95C Wanda Drive	9/06/16	3,134	3,134	1,532	209	209	0
	Mass Sale: 12/31/24							
180	Improvements to 104 Stephens Dr	8/23/16	1,850	1,850	904	124	124	0
	Mass Sale: 12/31/24							

Asset	Description	Date In Service	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
181	Honeywell Access Control System	7/27/17	2,350	2,350	2,350	0	0	0
182	HP CPU for Director	7/27/17	642	642	642	0	0	0
183	Heat Pump for Shelter	9/18/17	3,933	3,933	3,933	0	0	0
184	Freezer for Shelter	9/22/17	829	829	829	0	0	0
185	Improvements to 208 Stephens Dr	12/21/17	854	854	342	57	57	0
	Mass Sale: 12/31/24							
186	Odyssey Van	1/25/18	33,900	33,900	33,900	0	0	0
187	New Roof for Eastanolle	4/25/18	12,455	12,455	2,241	395	395	0
188	3 Desks for Admin Office	5/03/18	1,647	1,647	1,333	236	236	0
189	3 Desks for Shelter	5/03/18	1,647	1,647	1,333	236	236	0
190	2017 Dodge Caravan	8/08/18	20,000	20,000	20,000	0	0	0
191	Playground Equipment	9/28/18	15,915	15,915	15,915	0	0	0
192	Executive Shaker Desk	8/15/18	898	898	695	128	128	0
193	Oven for Shelter	11/24/18	863	863	863	0	0	0
194	Security Camera System	9/28/18	535	535	535	0	0	0
196	Pottery Barn Bench for Shelter	4/25/18	760	760	615	108	108	0
197	HVAC for Shelter	7/31/18	3,594	3,594	3,594	0	0	0
199	2 Smart TV's	9/25/18	3,060	3,060	3,060	0	0	0
200	Kitchen Improvements - Eastanolle	7/31/19	7,350	7,350	4,638	1,050	1,050	0
201	Dog Kennels - Eastanollee	5/30/19	2,103	2,103	1,377	301	301	0
202	Kitchen Cabinets/Countertops - Eastanollee	7/25/19	4,536	4,536	2,862	648	648	0
203	Painting - Eastanollee	9/30/19	4,550	4,550	2,763	650	650	0
204	Shelter Improvements - Painting	9/30/19	8,390	8,390	5,094	1,198	1,198	0
205	Shelter Improvements - Flooring	9/30/19	18,019	18,019	5,105	1,202	1,202	0
206	Painting of Outreach offices	9/30/19	3,280	3,280	929	219	219	0
	Mass Sale: 12/31/24							
207	Carpet for Outreach Office	9/30/19	6,145	6,145	1,741	410	410	0
	Mass Sale: 12/31/24							
208	Dining Table & Chairs for Shelter	5/08/19	2,356	2,356	1,571	336	336	0
209	Conference Room Table - Shelter	6/05/19	1,887	1,887	1,236	269	269	0
210	Dining Table & Chairs - Shelter	8/29/19	3,825	3,825	2,368	546	546	0
211	Tables & Desk - Shelter	9/15/19	3,100	3,100	1,919	443	443	0
212	3 Sofas - Shelter	9/13/19	3,898	3,898	2,413	557	557	0
214	Storage Shed - Shelter	4/29/19	2,686	2,686	2,507	179	179	0
218	Kitchen Appliances - Eastanolle	7/17/19	3,773	3,773	3,333	440	440	0
220	Shelter Appliances	8/26/19	10,173	10,173	8,817	1,356	1,356	0
222	2018 Dodge Caravan	6/27/19	18,000	18,000	16,200	1,800	1,800	0
223	Laptop for Prison Reentry Program	3/11/20	631	631	484	126	126	0
224	8 Camera Security System w/DVR	6/25/20	6,259	6,259	4,381	1,252	1,252	0
225	Laptop for Associate Director	7/06/20	645	645	452	129	129	0
	Mass Sale: 12/31/24							
226	2 HP 15.6 Laptops for Staff	8/20/20	1,198	1,198	799	240	240	0
	Mass Sale: 12/31/24							
227	Security System - Admin Office	9/21/20	4,329	4,329	2,814	866	866	0
228	A/C for Shelter	7/14/20	4,139	4,139	2,897	828	828	0
229	30KW Generator	8/25/20	17,700	17,700	11,800	3,540	3,540	0
230	2019 Dodge Caravan	6/03/20	21,768	21,768	15,600	4,354	4,354	0
233	Building Improvements (Shelter Sheetrock,	7/22/21	2,956	2,956	1,021	422	422	0
234	Building Improvements (Shelter entrance de	7/22/21	2,647	2,647	914	378	378	0
236	Lenovo Laptop Intel - Suzanne	2/28/21	880	880	499	176	176	0
237	Whirlpool Upright Freezer - Liberty Hill	5/11/21	1,008	1,008	538	201	201	0
238	Heating Unit - Liberty Hill	2/03/21	3,518	3,518	2,052	704	704	0
239	Improvements to Shelter Kitchen	8/18/22	21,954	21,954	1,951	1,464	1,464	0
240	Touchless Faucets for Shelter	3/17/22	1,470	1,470	515	294	294	0
241	Washer & Dryer for Shelter	4/21/22	3,011	3,011	1,004	602	602	0
242	Shelter Furniture	6/13/22	15,000	15,000	3,393	2,143	2,143	0
245	Washer & Dryer Set (Shelter)	6/27/22	2,316	2,316	695	463	463	0
246	Commercial Refrigerator (Shelter)	8/01/22	2,999	2,999	850	600	600	0
247	CPU for Finance Administrator	8/26/22	1,109	1,109	296	221	221	0
248	2 HP Laptops for Shelter Staff	9/01/22	1,455	1,455	388	291	291	0
249	Bosch Dishwasher - Shelter	4/11/23	743	743	111	149	149	0
250	Shelter Security Monitoring Cameras	9/29/23	4,295	4,295	215	859	859	0
251	HP Pavilion Laptop (L Potter)	5/04/23	695	695	93	139	139	0
252	HP All in One (S Dow)	11/19/23	1,193	1,193	20	238	238	0
253	Security Gate and Monitoring System	12/31/23	46,574	46,574	0	3,105	3,105	0
254	Shelter HVAC Systems x 2	6/03/24	13,037	13,037	0	1,521	1,521	0
255	New Septic Line	12/06/24	14,140	14,140	0	79	79	0
256	HP 2023 Laptops x 2	2/02/24	1,535	1,535	0	281	281	0
257	HP ProDesk 600 x 2	2/02/24	1,292	1,292	0	237	237	0
258	Lenovo Thinkbook 15 x 3	9/03/24	1,908	1,908	0	127	127	0
259	Conference Room Camera	12/10/24	1,118	1,118	0	19	19	0

GA Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
260	120 Trinity Drive Facility	12/03/24	519,502	519,502	0	1,110	1,110	0
261	Trinity Drive Sign	9/23/24	1,564	1,564	0	26	26	0
262	Custom Artwork Piece	9/19/24	850	850	0	30	30	0
263	Outreach Building Fence	10/09/24	26,904	26,904	0	448	448	0
264	Network Environment	2/16/24	4,758	4,758	0	793	793	0
265	Whirlpool Range & Fridge	3/11/24	1,770	1,770	0	295	295	0
266	Camera, Alarm, Access Control System	8/23/24	32,803	32,803	0	2,187	2,187	0
267	Chairs & Cabinets for New Office	3/15/24	11,383	11,383	0	1,355	1,355	0
268	Conference Table	3/25/24	1,699	1,699	0	182	182	0
269	716 Jade Haven Washer/Dryer	12/19/24	1,459	1,459	0	0	0	0
270	319 Jade Circle Washer/Dryer	12/19/24	1,197	1,197	0	0	0	0
271	289 Valley Village Washer/Dryer	12/19/24	1,466	1,466	0	0	0	0
272	623 Crestwood Washer/Dryer	12/19/24	1,463	1,463	0	0	0	0
273	405 Oakland Washer/Dryer	12/19/24	1,466	1,466	0	0	0	0
274	321 Jade Circle Washer/Dryer	12/19/24	1,197	1,197	0	0	0	0
275	PSH 95A Wanda Dr Flooring	5/03/24	2,052	2,052	0	91	91	0
276	Land for 120 Trinity Drive	12/31/24	100,000	100,000	0	0	0	0
Total Other Depreciation			2,848,823	2,848,823	980,977	83,143	83,145	2
Total ACRS and Other Depreciation			2,848,823	2,848,823	980,977	83,143	83,145	2
Grand Totals			2,848,823	2,848,823	980,977	83,143	83,145	2
Less: Dispositions			17,106	17,106	6,699	1,388	1,388	0
Less: Start-up/Org Expense			0	0	0	0	0	0
Net Grand Totals			2,831,717	2,831,717	974,278	81,755	81,757	2

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
Prior MACRS:											
108	Fencing	3/30/10	4,398		X		2,199	15	HY S/L	4,179	146
127	3 Dressers	1/01/11	642		X		0	7	HY 200DB	642	0
223	Laptop for Prison Reentry Program	3/11/20	631		X		0	5	HY 200DB	631	0
			5,671				2,199			5,452	146
Other Depreciation:											
1	Building Improvements	12/29/05	20,000				20,000	15	MO S/L	20,000	0
2	Landscaping	12/21/07	0				0	0	HY	0	0
35	Land	11/16/98	0				0	0	HY	0	0
36	Building Improvements	12/31/04	0				0	0	HY	0	0
46	Fence	9/27/05	0				0	0	HY	0	0
50	Landscaping	10/17/05	0				0	0	HY	0	0
52	Compressor	10/25/05	0				0	0	HY	0	0
53	Kitchen Appliances	10/26/05	0				0	0	HY	0	0
54	Playground Equipment	11/01/05	0				0	0	HY	0	0
57	Security System	6/21/05	0				0	0	HY	0	0
62	Security System	8/30/05	0				0	0	HY	0	0
63	Building Improvements	8/31/05	0				0	0	HY	0	0
64	Building Improvements	9/30/05	0				0	0	HY	0	0
69	Security System Update	6/01/06	0				0	0	HY	0	0
79	Driveway Paving	6/12/07	0				0	0	HY	0	0
86	Printer	3/02/07	0				0	0	HY	0	0
89	Lights/Ceiling	2/22/07	0				0	0	HY	0	0
90	A/C Unit	4/05/07	0				0	0	HY	0	0
91	Landscaping	1/28/08	0				0	0	HY	0	0
101	Building Door	6/17/09	0				0	0	HY	0	0
102	Building Windows	10/22/09	0				0	0	HY	0	0
106	AC - Thrift Store	6/10/09	0				0	0	HY	0	0
107	Playground Improvements	3/15/09	0				0	0	HY	0	0
109	Dining Room Chairs	8/04/10	0				0	0	HY	0	0
111	Fencing	8/10/10	0				0	0	HY	0	0
113	Shredder	3/18/10	0				0	0	HY	0	0
114	Dishwasher	4/02/10	0				0	0	HY	0	0
116	Dell Server	8/04/10	0				0	0	HY	0	0
117	Furniture (Apts) (OVW)	2/08/10	0				0	0	HY	0	0
118	Furniture (Apts) (OVW)	5/21/10	0				0	0	HY	0	0
120	Furniture (Apts) (OVW)	8/02/10	0				0	0	HY	0	0
121	2 - Washers/Dryers (OVW)	8/05/10	0				0	0	HY	0	0
122	Furniture (Apts) (OVW)	9/28/10	0				0	0	HY	0	0
123	Furniture (Apt) (OVW)	11/17/10	0				0	0	HY	0	0
124	Washer/Dryer (OVW)	11/09/10	0				0	0	HY	0	0
126	Washer & Dryer (OVW)	4/20/11	0				0	0	HY	0	0
129	Washer & Dryers (3)	6/24/11	0				0	0	HY	0	0
130	Bunk Beds/Twin Beds	8/04/11	0				0	0	HY	0	0
131	Furniture for Apts.	9/16/11	0				0	0	HY	0	0
132	Fence - Shelter	3/21/11	0				0	0	HY	0	0
134	Dresser/Mattresses (Shelter)	9/28/11	0				0	0	HY	0	0
135	Building - Eastanollee	8/22/11	0				0	0	HY	0	0
136	Land - Eastanollee	8/22/11	0				0	0	HY	0	0
141	Leasehold Improvements - Cornelia Thrift	6/30/12	0				0	0	HY	0	0
144	Shelter Handicap Bathroom Renovation	9/18/13	2,646				2,646	15	MO S/L	1,808	177
145	Shelter Improvements	9/05/13	0				0	0	HY	0	0
146	Shelter Furniture	8/29/13	0				0	0	HY	0	0
149	Website Design	7/05/13	0				0	0	HY	0	0
150	2006 Box Truck	11/06/14	0				0	0	HY	0	0
154	Furnishings for 202 Berry Ct (Shelter +Care	8/19/14	0				0	0	HY	0	0
155	Furnishings for 27 Andrews St.	12/04/14	0				0	0	HY	0	0
156	Improvements to Bathroom @ Shelter	5/16/14	0				0	0	HY	0	0
158	Animal Kennel	3/27/14	0				0	0	HY	0	0
165	Painting in Shelter	6/01/15	0				0	0	HY	0	0
166	Carpet/Tile for Shelter	6/08/15	0				0	0	HY	0	0
167	Furnishings for Shelter	6/26/15	0				0	0	HY	0	0
170	Clarkesville Thrift Store Window Tinting	12/07/15	0				0	0	HY	0	0
171	A/C Unit for Cornelia Thrift Store	6/30/15	0				0	0	HY	0	0
174	Bosch 500 Series Gas Cooktop	10/27/16	0				0	0	HY	0	0
175	Improvements to Shelter	10/28/16	0				0	0	HY	0	0
176	Improvements to Eastanollee	8/30/16	0				0	0	HY	0	0

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
177	Dell Poweredge T130 Server	10/17/16	0				0	0	HY	0	0
178	Improvements to 95C Wanda Drive Mass Sale: 12/31/24	9/06/16	0				0	0	HY	0	0
180	Improvements to 104 Stephens Dr Mass Sale: 12/31/24	8/23/16	0				0	0	HY	0	0
181	Honeywell Access Control System	7/27/17	0				0	0	HY	0	0
182	HP CPU for Director	7/27/17	0				0	0	HY	0	0
183	Heat Pump for Shelter	9/18/17	0				0	0	HY	0	0
184	Freezer for Shelter	9/22/17	0				0	0	HY	0	0
185	Improvements to 208 Stephens Dr Mass Sale: 12/31/24	12/21/17	0				0	0	HY	0	0
186	Odyssey Van	1/25/18	0				0	0	HY	0	0
187	New Roof for Eastanolle	4/25/18	0				0	0	HY	0	0
188	3 Desks for Admin Office	5/03/18	0				0	0	HY	0	0
189	3 Desks for Shelter	5/03/18	0				0	0	HY	0	0
190	2017 Dodge Caravan	8/08/18	0				0	0	HY	0	0
191	Playground Equipment	9/28/18	0				0	0	HY	0	0
192	Executive Shaker Desk	8/15/18	0				0	0	HY	0	0
193	Oven for Shelter	11/24/18	0				0	0	HY	0	0
194	Security Camera System	9/28/18	0				0	0	HY	0	0
196	Pottery Barn Bench for Shelter	4/25/18	0				0	0	HY	0	0
197	HVAC for Shelter	7/31/18	0				0	0	HY	0	0
199	2 Smart TV's	9/25/18	0				0	0	HY	0	0
200	Kitchen Improvements - Eastanolle	7/31/19	0				0	0	HY	0	0
201	Dog Kennels - Eastanollee	5/30/19	0				0	0	HY	0	0
202	Kitchen Cabinets/Countertops - Eastanollee	7/25/19	0				0	0	HY	0	0
203	Painting - Eastanollee	9/30/19	0				0	0	HY	0	0
204	Shelter Improvements - Painting	9/30/19	0				0	0	HY	0	0
205	Shelter Improvements - Flooring	9/30/19	0				0	0	HY	0	0
206	Painting of Outreach offices Mass Sale: 12/31/24	9/30/19	0				0	0	HY	0	0
207	Carpet for Outreach Office Mass Sale: 12/31/24	9/30/19	0				0	0	HY	0	0
208	Dining Table & Chairs for Shelter	5/08/19	0				0	0	HY	0	0
209	Conference Room Table - Shelter	6/05/19	0				0	0	HY	0	0
210	Dining Table & Chairs - Shelter	8/29/19	0				0	0	HY	0	0
211	Tables & Desk - Shelter	9/15/19	0				0	0	HY	0	0
212	3 Sofas - Shelter	9/13/19	0				0	0	HY	0	0
214	Storage Shed - Shelter	4/29/19	0				0	0	HY	0	0
218	Kitchen Appliances - Eastanolle	7/17/19	0				0	0	HY	0	0
220	Shelter Appliances	8/26/19	0				0	0	HY	0	0
222	2018 Dodge Caravan	6/27/19	0				0	0	HY	0	0
224	8 Camera Security System w/DVR	6/25/20	0				0	0	HY	0	0
225	Laptop for Associate Director Mass Sale: 12/31/24	7/06/20	0				0	0	HY	0	0
226	2 HP 15.6 Laptops for Staff Mass Sale: 12/31/24	8/20/20	0				0	0	HY	0	0
227	Security System - Admin Office	9/21/20	0				0	0	HY	0	0
228	A/C for Shelter	7/14/20	0				0	0	HY	0	0
229	30KW Generator	8/25/20	0				0	0	HY	0	0
230	2019 Dodge Caravan	6/03/20	0				0	0	HY	0	0
233	Building Improvements (Shelter Sheetrock,	7/22/21	0				0	0	HY	0	0
234	Building Improvements (Shelter entrance de	7/22/21	0				0	0	HY	0	0
236	Lenovo Laptop Intel - Suzanne	2/28/21	0				0	0	HY	0	0
237	Whirlpool Upright Freezer - Liberty Hill	5/11/21	0				0	0	HY	0	0
238	Heating Unit - Liberty Hill	2/03/21	0				0	0	HY	0	0
239	Improvements to Shelter Kitchen	8/18/22	0				0	0	HY	0	0
240	Touchless Faucets for Shelter	3/17/22	0				0	0	HY	0	0
241	Washer & Dryer for Shelter	4/21/22	0				0	0	HY	0	0
242	Shelter Furniture	6/13/22	0				0	0	HY	0	0
245	Washer & Dryer Set (Shelter)	6/27/22	0				0	0	HY	0	0
246	Commercial Refrigerator (Shelter)	8/01/22	0				0	0	HY	0	0
247	CPU for Finance Administrator	8/26/22	0				0	0	HY	0	0
248	2 HP Laptops for Shelter Staff	9/01/22	0				0	0	HY	0	0
249	Bosch Dishwasher - Shelter	4/11/23	0				0	0	HY	0	0
250	Shelter Security Monitoring Cameras	9/29/23	0				0	0	HY	0	0
251	HP Pavilion Laptop (L Potter)	5/04/23	0				0	0	HY	0	0
252	HP All in One (S Dow)	11/19/23	0				0	0	HY	0	0
253	Security Gate and Monitoring System	12/31/23	0				0	0	HY	0	0
254	Shelter HVAC Systems x 2	6/03/24	0				0	0	HY	0	0
255	New Septic Line	12/06/24	0				0	0	HY	0	0

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
256	HP 2023 Laptops x 2	2/02/24	0			0	0	HY	0	0
257	HP ProDesk 600 x 2	2/02/24	0			0	0	HY	0	0
258	Lenovo Thinkbook 15 x 3	9/03/24	0			0	0	HY	0	0
259	Conference Room Camera	12/10/24	0			0	0	HY	0	0
260	120 Trinity Drive Facility	12/03/24	0			0	0	HY	0	0
261	Trinity Drive Sign	9/23/24	0			0	0	HY	0	0
262	Custom Artwork Piece	9/19/24	0			0	0	HY	0	0
263	Outreach Building Fence	10/09/24	0			0	0	HY	0	0
264	Network Environment	2/16/24	0			0	0	HY	0	0
265	Whirlpool Range & Fridge	3/11/24	0			0	0	HY	0	0
266	Camera, Alarm, Access Control System	8/23/24	0			0	0	HY	0	0
267	Chairs & Cabinets for New Office	3/15/24	0			0	0	HY	0	0
268	Conference Table	3/25/24	0			0	0	HY	0	0
269	716 Jade Haven Washer/Dryer	12/19/24	0			0	0	HY	0	0
270	319 Jade Circle Washer/Dryer	12/19/24	0			0	0	HY	0	0
271	289 Valley Village Washer/Dryer	12/19/24	0			0	0	HY	0	0
272	623 Crestwood Washer/Dryer	12/19/24	0			0	0	HY	0	0
273	405 Oakland Washer/Dryer	12/19/24	0			0	0	HY	0	0
274	321 Jade Circle Washer/Dryer	12/19/24	0			0	0	HY	0	0
275	PSH 95A Wanda Dr Flooring	5/03/24	0			0	0	HY	0	0
276	Land for 120 Trinity Drive	12/31/24	0			0	0	HY	0	0
Total Other Depreciation			22,646			22,646			21,808	177
Total ACRS and Other Depreciation			22,646			22,646			21,808	177
Grand Totals			28,317			24,845			27,260	323
Less: Dispositions and Transfers			0			0			0	0
Net Grand Totals			28,317			24,845			27,260	323

Bonus Depreciation Report**Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
144	Shelter Handicap Bathroom Renovation	9/18/13	2,646		0	0	0	2,646
	Grand Total		2,646		0	0	0	2,646

Depreciation Adjustment Report

All Business Activities

Form Unit Asset

Description

Tax

AMT

AMT Adjustments/ Preferences

There are no assets that meet the criteria of this report

FYE: 12/31/2024

FYE: 12/31/25

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
<u>Other Depreciation:</u>					
1	Building Improvements	12/29/05	20,000	0	0
2	Landscaping	12/21/07	32,390	0	0
35	Land	11/16/98	123,783	0	0
36	Building Improvements	12/31/04	58,651	1,504	0
46	Fence	9/27/05	12,900	0	0
50	Landscaping	10/17/05	3,704	0	0
52	Compressor	10/25/05	267	0	0
53	Kitchen Appliances	10/26/05	7,454	0	0
54	Playground Equipment	11/01/05	1,934	0	0
57	Security System	6/21/05	7,751	0	0
62	Security System	8/30/05	12,260	0	0
63	Building Improvements	8/31/05	2,822	0	0
64	Building Improvements	9/30/05	576,696	14,787	0
69	Security System Update	6/01/06	715	0	0
79	Driveway Paving	6/12/07	3,750	0	0
86	Printer	3/02/07	354	0	0
89	Lights/Ceiling	2/22/07	538	0	0
90	A/C Unit	4/05/07	373	0	0
91	Landscaping	1/28/08	1,780	0	0
101	Building Door	6/17/09	658	17	0
102	Building Windows	10/22/09	518	13	0
106	AC - Thrift Store	6/10/09	534	0	0
107	Playground Improvements	3/15/09	40,854	0	0
108	Fencing	3/30/10	4,398	73	73
109	Dining Room Chairs	8/04/10	1,281	0	0
111	Fencing	8/10/10	4,660	181	0
113	Shredder	3/18/10	704	0	0
114	Dishwasher	4/02/10	740	0	0
116	Dell Server	8/04/10	1,017	0	0
117	Furniture (Apts) (OVW)	2/08/10	2,951	0	0
118	Furniture (Apts) (OVW)	5/21/10	4,259	0	0
120	Furniture (Apts) (OVW)	8/02/10	2,593	0	0
121	2 - Washers/Dryers (OVW)	8/05/10	1,674	0	0
122	Furniture (Apts) (OVW)	9/28/10	2,371	0	0
123	Furniture (Apt) (OVW)	11/17/10	4,315	0	0
124	Washer/Dryer (OVW)	11/09/10	916	0	0
126	Washer & Dryer (OVW)	4/20/11	912	0	0
127	3 Dressers	1/01/11	642	0	0
129	Washer & Dryers (3)	6/24/11	2,300	0	0
130	Bunk Beds/Twin Beds	8/04/11	932	0	0
131	Furniture for Apts.	9/16/11	1,619	0	0
132	Fence - Shelter	3/21/11	4,369	292	0
134	Dresser/Mattresses (Shelter)	9/28/11	1,467	0	0
135	Building - Eastanollee	8/22/11	560,000	17,778	0
136	Land - Eastanollee	8/22/11	135,000	0	0
141	Leasehold Improvements - Cornelia Thrift	6/30/12	3,898	0	0
144	Shelter Handicap Bathroom Renovation	9/18/13	2,646	176	176
145	Shelter Improvements	9/05/13	5,611	374	0
146	Shelter Furniture	8/29/13	1,260	0	0
149	Website Design	7/05/13	795	0	0
150	2006 Box Truck	11/06/14	7,000	0	0
154	Furnishings for 202 Berry Ct (Shelter +Care)	8/19/14	1,408	0	0
155	Furnishings for 27 Andrews St.	12/04/14	655	0	0
156	Improvements to Bathroom @ Shelter	5/16/14	2,761	0	0
158	Animal Kennel	3/27/14	5,500	0	0
165	Painting in Shelter	6/01/15	6,675	0	0
166	Carpet/Tile for Shelter	6/08/15	3,222	0	0
167	Furnishings for Shelter	6/26/15	3,889	0	0
170	Clarkesville Thrift Store Window Tinting	12/07/15	1,737	0	0
171	A/C Unit for Cornelia Thrift Store	6/30/15	502	0	0
174	Bosch 500 Series Gas Cooktop	10/27/16	866	0	0
175	Improvements to Shelter	10/28/16	10,952	730	0
176	Improvements to Eastanollee	8/30/16	11,082	738	0
177	Dell Poweredge T130 Server	10/17/16	566	0	0
181	Honeywell Access Control System	7/27/17	2,350	0	0
182	HP CPU for Director	7/27/17	642	0	0
183	Heat Pump for Shelter	9/18/17	3,933	0	0

FYE: 12/31/2024

FYE: 12/31/25

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Asset	Description	Date In Service	Cost	Tax	AMT
184	Freezer for Shelter	9/22/17	829	0	0
186	Odyssey Van	1/25/18	33,900	0	0
187	New Roof for Eastanolle	4/25/18	12,455	395	0
188	3 Desks for Admin Office	5/03/18	1,647	78	0
189	3 Desks for Shelter	5/03/18	1,647	78	0
190	2017 Dodge Caravan	8/08/18	20,000	0	0
191	Playground Equipment	9/28/18	15,915	0	0
192	Executive Shaker Desk	8/15/18	898	75	0
193	Oven for Shelter	11/24/18	863	0	0
194	Security Camera System	9/28/18	535	0	0
196	Pottery Barn Bench for Shelter	4/25/18	760	37	0
197	HVAC for Shelter	7/31/18	3,594	0	0
199	2 Smart TV's	9/25/18	3,060	0	0
200	Kitchen Improvements - Eastanolle	7/31/19	7,350	1,050	0
201	Dog Kennels - Eastanollee	5/30/19	2,103	300	0
202	Kitchen Cabinets/Countertops - Eastanollee	7/25/19	4,536	648	0
203	Painting - Eastanollee	9/30/19	4,550	650	0
204	Shelter Improvements - Painting	9/30/19	8,390	1,199	0
205	Shelter Improvements - Flooring	9/30/19	18,019	1,201	0
208	Dining Table & Chairs for Shelter	5/08/19	2,356	337	0
209	Conference Room Table - Shelter	6/05/19	1,887	270	0
210	Dining Table & Chairs - Shelter	8/29/19	3,825	547	0
211	Tables & Desk - Shelter	9/15/19	3,100	443	0
212	3 Sofas - Shelter	9/13/19	3,898	557	0
214	Storage Shed - Shelter	4/29/19	2,686	0	0
218	Kitchen Appliances - Eastanolle	7/17/19	3,773	0	0
220	Shelter Appliances	8/26/19	10,173	0	0
222	2018 Dodge Caravan	6/27/19	18,000	0	0
223	Laptop for Prison Reentry Program	3/11/20	631	21	0
224	8 Camera Security System w/DVR	6/25/20	6,259	626	0
227	Security System - Admin Office	9/21/20	4,329	649	0
228	A/C for Shelter	7/14/20	4,139	414	0
229	30KW Generator	8/25/20	17,700	2,360	0
230	2019 Dodge Caravan	6/03/20	21,768	1,814	0
233	Building Improvements (Shelter Sheetrock, et)	7/22/21	2,956	422	0
234	Building Improvements (Shelter entrance deck)	7/22/21	2,647	378	0
236	Lenovo Laptop Intel - Suzanne	2/28/21	880	176	0
237	Whirlpool Upright Freezer - Liberty Hill	5/11/21	1,008	202	0
238	Heating Unit - Liberty Hill	2/03/21	3,518	703	0
239	Improvements to Shelter Kitchen	8/18/22	21,954	1,464	0
240	Touchless Faucets for Shelter	3/17/22	1,470	294	0
241	Washer & Dryer for Shelter	4/21/22	3,011	602	0
242	Shelter Furniture	6/13/22	15,000	2,143	0
245	Washer & Dryer Set (Shelter)	6/27/22	2,316	464	0
246	Commercial Refrigerator (Shelter)	8/01/22	2,999	599	0
247	CPU for Finance Administrator	8/26/22	1,109	222	0
248	2 HP Laptops for Shelter Staff	9/01/22	1,455	291	0
249	Bosch Dishwasher - Shelter	4/11/23	743	148	0
250	Shelter Security Monitoring Cameras	9/29/23	4,295	859	0
251	HP Pavilion Laptop (L Potter)	5/04/23	695	139	0
252	HP All in One (S Dow)	11/19/23	1,193	239	0
253	Security Gate and Monitoring System	12/31/23	46,574	3,105	0
254	Shelter HVAC Systems x 2	6/03/24	13,037	2,607	0
255	New Septic Line	12/06/24	14,140	942	0
256	HP 2023 Laptops x 2	2/02/24	1,535	307	0
257	HP ProDesk 600 x 2	2/02/24	1,292	258	0
258	Lenovo Thinkbook 15 x 3	9/03/24	1,908	382	0
259	Conference Room Camera	12/10/24	1,118	223	0
260	120 Trinity Drive Facility	12/03/24	519,502	13,321	0
261	Trinity Drive Sign	9/23/24	1,564	104	0
262	Custom Artwork Piece	9/19/24	850	122	0
263	Outreach Building Fence	10/09/24	26,904	1,794	0
264	Network Environment	2/16/24	4,758	951	0
265	Whirlpool Range & Fridge	3/11/24	1,770	354	0
266	Camera, Alarm, Access Control System	8/23/24	32,803	6,561	0
267	Chairs & Cabinets for New Office	3/15/24	11,383	1,626	0
268	Conference Table	3/25/24	1,699	243	0
269	716 Jade Haven Washer/Dryer	12/19/24	1,459	292	0
270	319 Jade Circle Washer/Dryer	12/19/24	1,197	239	0
271	289 Valley Village Washer/Dryer	12/19/24	1,466	293	0
272	623 Crestwood Washer/Dryer	12/19/24	1,463	293	0

FYE: 12/31/2024

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Asset	Description	Date In Service	Cost	Tax	AMT
273	405 Oakland Washer/Dryer	12/19/24	1,466	293	0
274	321 Jade Circle Washer/Dryer	12/19/24	1,197	239	0
275	PSH 95A Wanda Dr Flooring	5/03/24	2,052	137	0
276	Land for 120 Trinity Drive	12/31/24	100,000	0	0
	Total Other Depreciation		<u>2,831,717</u>	<u>94,443</u>	<u>249</u>
	Total ACRS and Other Depreciation		<u>2,831,717</u>	<u>94,443</u>	<u>249</u>
	Grand Totals		<u>2,831,717</u>	<u>94,443</u>	<u>249</u>

Asset	Description	Date In Service	Cost	GA
<u>Other Depreciation:</u>				
1	Building Improvements	12/29/05	20,000	0
2	Landscaping	12/21/07	32,390	0
35	Land	11/16/98	123,783	0
36	Building Improvements	12/31/04	58,651	1,504
46	Fence	9/27/05	12,900	0
50	Landscaping	10/17/05	3,704	0
52	Compressor	10/25/05	267	0
53	Kitchen Appliances	10/26/05	7,454	0
54	Playground Equipment	11/01/05	1,934	0
57	Security System	6/21/05	7,751	0
62	Security System	8/30/05	12,260	0
63	Building Improvements	8/31/05	2,822	0
64	Building Improvements	9/30/05	576,696	14,787
69	Security System Update	6/01/06	715	0
79	Driveway Paving	6/12/07	3,750	0
86	Printer	3/02/07	354	0
89	Lights/Ceiling	2/22/07	538	0
90	A/C Unit	4/05/07	373	0
91	Landscaping	1/28/08	1,780	0
101	Building Door	6/17/09	658	17
102	Building Windows	10/22/09	518	14
106	AC - Thrift Store	6/10/09	534	0
107	Playground Improvements	3/15/09	40,854	0
108	Fencing	3/30/10	4,398	73
109	Dining Room Chairs	8/04/10	1,281	0
111	Fencing	8/10/10	4,660	181
113	Shredder	3/18/10	704	0
114	Dishwasher	4/02/10	740	0
116	Dell Server	8/04/10	1,017	0
117	Furniture (Apts) (OVW)	2/08/10	2,951	0
118	Furniture (Apts) (OVW)	5/21/10	4,259	0
120	Furniture (Apts) (OVW)	8/02/10	2,593	0
121	2 - Washers/Dryers (OVW)	8/05/10	1,674	0
122	Furniture (Apts) (OVW)	9/28/10	2,371	0
123	Furniture (Apt) (OVW)	11/17/10	4,315	0
124	Washer/Dryer (OVW)	11/09/10	916	0
126	Washer & Dryer (OVW)	4/20/11	912	0
127	3 Dressers	1/01/11	642	0
129	Washer & Dryers (3)	6/24/11	2,300	0
130	Bunk Beds/Twin Beds	8/04/11	932	0
131	Furniture for Apts.	9/16/11	1,619	0
132	Fence - Shelter	3/21/11	4,369	292
134	Dresser/Mattresses (Shelter)	9/28/11	1,467	0
135	Building - Eastanollee	8/22/11	560,000	17,778
136	Land - Eastanollee	8/22/11	135,000	0
141	Leasehold Improvements - Cornelia Thrift	6/30/12	3,898	0
144	Shelter Handicap Bathroom Renovation	9/18/13	2,646	176
145	Shelter Improvements	9/05/13	5,611	374
146	Shelter Furniture	8/29/13	1,260	0
149	Website Design	7/05/13	795	0
150	2006 Box Truck	11/06/14	7,000	0
154	Furnishings for 202 Berry Ct (Shelter +Care)	8/19/14	1,408	0
155	Furnishings for 27 Andrews St.	12/04/14	655	0
156	Improvements to Bathroom @ Shelter	5/16/14	2,761	0
158	Animal Kennel	3/27/14	5,500	0
165	Painting in Shelter	6/01/15	6,675	0
166	Carpet/Tile for Shelter	6/08/15	3,222	0
167	Furnishings for Shelter	6/26/15	3,889	0
170	Clarkesville Thrift Store Window Tinting	12/07/15	1,737	0
171	A/C Unit for Cornelia Thrift Store	6/30/15	502	0
174	Bosch 500 Series Gas Cooktop	10/27/16	866	0
175	Improvements to Shelter	10/28/16	10,952	730
176	Improvements to Eastanollee	8/30/16	11,082	738
177	Dell Poweredge T130 Server	10/17/16	566	0
181	Honeywell Access Control System	7/27/17	2,350	0
182	HP CPU for Director	7/27/17	642	0
183	Heat Pump for Shelter	9/18/17	3,933	0

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Asset	Description	Date In Service	Cost	GA
184	Freezer for Shelter	9/22/17	829	0
186	Odyssey Van	1/25/18	33,900	0
187	New Roof for Eastanolle	4/25/18	12,455	395
188	3 Desks for Admin Office	5/03/18	1,647	78
189	3 Desks for Shelter	5/03/18	1,647	78
190	2017 Dodge Caravan	8/08/18	20,000	0
191	Playground Equipment	9/28/18	15,915	0
192	Executive Shaker Desk	8/15/18	898	75
193	Oven for Shelter	11/24/18	863	0
194	Security Camera System	9/28/18	535	0
196	Pottery Barn Bench for Shelter	4/25/18	760	37
197	HVAC for Shelter	7/31/18	3,594	0
199	2 Smart TV's	9/25/18	3,060	0
200	Kitchen Improvements - Eastanolle	7/31/19	7,350	1,050
201	Dog Kennels - Eastanollee	5/30/19	2,103	300
202	Kitchen Cabinets/Countertops - Eastanollee	7/25/19	4,536	648
203	Painting - Eastanollee	9/30/19	4,550	650
204	Shelter Improvements - Painting	9/30/19	8,390	1,199
205	Shelter Improvements - Flooring	9/30/19	18,019	1,201
208	Dining Table & Chairs for Shelter	5/08/19	2,356	337
209	Conference Room Table - Shelter	6/05/19	1,887	270
210	Dining Table & Chairs - Shelter	8/29/19	3,825	547
211	Tables & Desk - Shelter	9/15/19	3,100	443
212	3 Sofas - Shelter	9/13/19	3,898	557
214	Storage Shed - Shelter	4/29/19	2,686	0
218	Kitchen Appliances - Eastanolle	7/17/19	3,773	0
220	Shelter Appliances	8/26/19	10,173	0
222	2018 Dodge Caravan	6/27/19	18,000	0
223	Laptop for Prison Reentry Program	3/11/20	631	21
224	8 Camera Security System w/DVR	6/25/20	6,259	626
227	Security System - Admin Office	9/21/20	4,329	649
228	A/C for Shelter	7/14/20	4,139	414
229	30KW Generator	8/25/20	17,700	2,360
230	2019 Dodge Caravan	6/03/20	21,768	1,814
233	Building Improvements (Shelter Sheetrock, et)	7/22/21	2,956	422
234	Building Improvements (Shelter entrance deck)	7/22/21	2,647	378
236	Lenovo Laptop Intel - Suzanne	2/28/21	880	176
237	Whirlpool Upright Freezer - Liberty Hill	5/11/21	1,008	202
238	Heating Unit - Liberty Hill	2/03/21	3,518	703
239	Improvements to Shelter Kitchen	8/18/22	21,954	1,464
240	Touchless Faucets for Shelter	3/17/22	1,470	294
241	Washer & Dryer for Shelter	4/21/22	3,011	602
242	Shelter Furniture	6/13/22	15,000	2,143
245	Washer & Dryer Set (Shelter)	6/27/22	2,316	464
246	Commercial Refrigerator (Shelter)	8/01/22	2,999	599
247	CPU for Finance Administrator	8/26/22	1,109	222
248	2 HP Laptops for Shelter Staff	9/01/22	1,455	291
249	Bosch Dishwasher - Shelter	4/11/23	743	148
250	Shelter Security Monitoring Cameras	9/29/23	4,295	859
251	HP Pavilion Laptop (L Potter)	5/04/23	695	139
252	HP All in One (S Dow)	11/19/23	1,193	239
253	Security Gate and Monitoring System	12/31/23	46,574	3,105
254	Shelter HVAC Systems x 2	6/03/24	13,037	2,607
255	New Septic Line	12/06/24	14,140	942
256	HP 2023 Laptops x 2	2/02/24	1,535	307
257	HP ProDesk 600 x 2	2/02/24	1,292	258
258	Lenovo Thinkbook 15 x 3	9/03/24	1,908	382
259	Conference Room Camera	12/10/24	1,118	223
260	120 Trinity Drive Facility	12/03/24	519,502	13,321
261	Trinity Drive Sign	9/23/24	1,564	104
262	Custom Artwork Piece	9/19/24	850	122
263	Outreach Building Fence	10/09/24	26,904	1,794
264	Network Environment	2/16/24	4,758	951
265	Whirlpool Range & Fridge	3/11/24	1,770	354
266	Camera, Alarm, Access Control System	8/23/24	32,803	6,561
267	Chairs & Cabinets for New Office	3/15/24	11,383	1,626
268	Conference Table	3/25/24	1,699	243
269	716 Jade Haven Washer/Dryer	12/19/24	1,459	292
270	319 Jade Circle Washer/Dryer	12/19/24	1,197	239
271	289 Valley Village Washer/Dryer	12/19/24	1,466	293
272	623 Crestwood Washer/Dryer	12/19/24	1,463	293

Asset	Description	Date In Service	Cost	GA
273	405 Oakland Washer/Dryer	12/19/24	1,466	293
274	321 Jade Circle Washer/Dryer	12/19/24	1,197	239
275	PSH 95A Wanda Dr Flooring	5/03/24	2,052	137
276	Land for 120 Trinity Drive	12/31/24	100,000	0
Total Other Depreciation			<u>2,831,717</u>	<u>94,444</u>
Total ACRS and Other Depreciation			<u>2,831,717</u>	<u>94,444</u>
Grand Totals			<u>2,831,717</u>	<u>94,444</u>

Form 990

Event Income and Deduction Worksheet
 Description **Thrift Store Sales**
2024

Name

Georgia Mountain Women's Center, IncTaxpayer Identification Number
58-1766060

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1. 186,028
2. Advertising income	2. _____
3. Circulation income	3. _____
4. Other income	4. 5,890
5. Returns and allowances	5. _____
6. Contributions received	6. _____
7. Total revenue. Add lines 1 through 6	7. 191,918
8. Cost of Goods Sold	8. 30,928
9. Employment Expense	9. 59,218
10. Fees for services	10. _____
11. Indirect Expense	11. 64,193
12. Depreciation Expense	12. 15
13. Exempt Activity Expense	13. 718
14. Fundraising Expense	14. _____
15. Total expenses. Add lines 8 through 14	15. 155,072
16. Net Income/Loss. Line 7 minus Line 15	16. 36,846

Expense Details - Cost of Goods Sold:

Beginning inventory .....	.....
Purchases .....	.....
Labor .....	.....
Section 263A costs .....	.....
Other costs	30,928
Ending inventory .....	.....
Total Cost of Goods Sold	30,928

Expense Details - Employment Expense:

Compensation of officers .....	.....
Other salaries and wages	55,023
Pension plan contributions .....	.....
Other employee benefits .....	.....
Payroll taxes	4,195
Total Employment Expense	59,218

Expense Details - Fees for Services:

Management .....	.....
Legal .....	.....
Accounting .....	.....
Lobbying .....	.....
Professional fundraising .....	.....
Investment management .....	.....
Other .....	.....
Total Fees for Services .....	.....

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

Advertising and promotion .....	.....
Office	6,243
Printing/publication/postage .....	.....
Info technology/Maintenance .....	.....
Royalties & License Fees .....	.....
Occupancy/Real Estate Taxes	56,432
Travel & Repairs .....	.....
Travel/entertainment (officials) .....	.....
Conferences/meetings .....	.....
Interest .....	.....
Insurance	1,518
Total Indirect Expense	64,193

Expense Details - Depreciation Expense:

On investment property .....	.....
On non-investment property	15
Amortization .....	.....
Depletion .....	.....
Total Depreciation Expense	15

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	638
Bad debts .....	.....
Taxes/licenses .....	.....
Charitable contributions .....	.....
Dividend recd deductions .....	.....
Readership costs .....	.....
Other expenses	80
Total Exempt Activity Expense	718

Expense Details - Fundraising Expense:

Cash prizes .....	.....
Non-cash prizes .....	.....
Rent and facility costs .....	.....
Food & beverages (Part II only) .....	.....
Entertainment (Part II only) .....	.....
Other direct expenses .....	.....
Total Fundraising Expense .....	.....

Allocation of Expense to Program Service Accomplishments:

First	124,144
Second .....	.....
Third .....	.....
All other .....	.....

Form 990

Event Income and Deduction Worksheet
 Description **Denim & Diamonds Gala**

2024

Name

Georgia Mountain Women's Center, IncTaxpayer Identification Number
58-1766060

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1. <u>18,000</u>
2. Advertising income	2. <u>18,000</u>
3. Circulation income	3. _____
4. Other income	4. _____
5. Returns and allowances	5. _____
6. Contributions received	6. _____
7. Total revenue. Add lines 1 through 6	7. <u>18,000</u>
8. Cost of Goods Sold	8. _____
9. Employment Expense	9. _____
10. Fees for services	10. _____
11. Indirect Expense	11. <u>118</u>
12. Depreciation Expense	12. _____
13. Exempt Activity Expense	13. _____
14. Fundraising Expense	14. <u>3,088</u>
15. Total expenses. Add lines 8 through 14	15. <u>3,206</u>
16. Net Income/Loss. Line 7 minus Line 15	16. <u>14,794</u>

Expense Details - Cost of Goods Sold:

Beginning inventory .....	.....
Purchases .....	.....
Labor .....	.....
Section 263A costs .....	.....
Other costs .....	.....
Ending inventory .....	.....
Total Cost of Goods Sold	.....

Expense Details - Employment Expense:

Compensation of officers .....	.....
Other salaries and wages .....	.....
Pension plan contributions .....	.....
Other employee benefits .....	.....
Payroll taxes .....	.....
Total Employment Expense	.....

Expense Details - Fees for Services:

Management .....	.....
Legal .....	.....
Accounting .....	.....
Lobbying .....	.....
Professional fundraising .....	.....
Investment management .....	.....
Other .....	.....
Total Fees for Services	.....

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code	Seq #
<input type="checkbox"/>	Part V, Debt Financing
<input type="checkbox"/>	Part VI, Controlled Org Income
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)
<input type="checkbox"/>	Part VIII, Exploited Activities
<input type="checkbox"/>	Part IX, Advertising Income

Expense Details - Indirect Expense:

Advertising and promotion	50
Office	68
Printing/publication/postage .....	.....
Info technology/Maintenance .....	.....
Royalties & License Fees .....	.....
Occupancy/Real Estate Taxes .....	.....
Travel & Repairs .....	.....
Travel/entertainment (officials) .....	.....
Conferences/meetings .....	.....
Interest .....	.....
Insurance .....	.....
Total Indirect Expense	118

Expense Details - Depreciation Expense:

On investment property .....	.....
On non-investment property .....	.....
Amortization .....	.....
Depletion .....	.....
Total Depreciation Expense	.....

Expense Details - Exempt Activity Expense:

Repairs and Maintenance .....	.....
Bad debts .....	.....
Taxes/licenses .....	.....
Charitable contributions .....	.....
Dividend recd deductions .....	.....
Readership costs .....	.....
Other expenses .....	.....
Total Exempt Activity Expense	.....

Expense Details - Fundraising Expense:

Cash prizes .....	.....
Non-cash prizes	700
Rent and facility costs	2,388
Food & beverages (Part II only) .....	.....
Entertainment (Part II only) .....	.....
Other direct expenses .....	.....
Total Fundraising Expense	3,088

Allocation of Expense to Program Service Accomplishments:

First .....	.....
Second .....	.....
Third .....	.....
All other .....	.....

Form 990

Event Income and Deduction Worksheet

2024

Description Bags and Bubbly

Name

Georgia Mountain Women's Center, Inc

Taxpayer Identification Number

58-1766060

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1. <u>24,756</u>
2. Advertising income	2. <u>11,200</u>
3. Circulation income	3. _____
4. Other income	4. _____
5. Returns and allowances	5. _____
6. Contributions received	6. _____
7. Total revenue. Add lines 1 through 6	7. <u>35,956</u>
8. Cost of Goods Sold	8. _____
9. Employment Expense	9. _____
10. Fees for services	10. _____
11. Indirect Expense	11. <u>43</u>
12. Depreciation Expense	12. _____
13. Exempt Activity Expense	13. <u>52</u>
14. Fundraising Expense	14. <u>12,050</u>
15. Total expenses. Add lines 8 through 14	15. <u>12,145</u>
16. Net Income/Loss. Line 7 minus Line 15	16. <u>23,811</u>

Expense Details - Cost of Goods Sold:

Beginning inventory .....	.....
Purchases .....	.....
Labor .....	.....
Section 263A costs .....	.....
Other costs .....	.....
Ending inventory .....	.....
Total Cost of Goods Sold	.....

Expense Details - Employment Expense:

Compensation of officers .....	.....
Other salaries and wages .....	.....
Pension plan contributions .....	.....
Other employee benefits .....	.....
Payroll taxes .....	.....
Total Employment Expense	.....

Expense Details - Fees for Services:

Management .....	.....
Legal .....	.....
Accounting .....	.....
Lobbying .....	.....
Professional fundraising .....	.....
Investment management .....	.....
Other .....	.....
Total Fees for Services	.....

Information is indicated for use on Form 990-T, Schedule A:

Schedule A, UBIT Activity Code _____ Seq # _____

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

Advertising and promotion	43
Office .....	.....
Printing/publication/postage .....	.....
Info technology/Maintenance .....	.....
Royalties & License Fees .....	.....
Occupancy/Real Estate Taxes .....	.....
Travel & Repairs .....	.....
Travel/entertainment (officials) .....	.....
Conferences/meetings .....	.....
Interest .....	.....
Insurance .....	.....
Total Indirect Expense	43

Expense Details - Depreciation Expense:

On investment property .....	.....
On non-investment property .....	.....
Amortization .....	.....
Depletion .....	.....
Total Depreciation Expense	.....

Expense Details - Exempt Activity Expense:

Repairs and Maintenance .....	.....
Bad debts .....	.....
Taxes/licenses	52
Charitable contributions .....	.....
Dividend recd deductions .....	.....
Readership costs .....	.....
Other expenses .....	.....
Total Exempt Activity Expense	52

Expense Details - Fundraising Expense:

Cash prizes .....	.....
Non-cash prizes .....	.....
Rent and facility costs	1,013
Food & beverages (Part II only)	3,664
Entertainment (Part II only) .....	.....
Other direct expenses	7,373
Total Fundraising Expense	12,050

Allocation of Expense to Program Service Accomplishments:

First .....	.....
Second .....	.....
Third .....	.....
All other .....	.....

Form 990	Tax Return History					2024
Name Georgia Mountain Women's Center, Inc						Employer Identification Number 58-1766060
	2020	2021	2022	2023	2024	2025
Contributions, gifts, grants	1,884,201	1,804,790	1,961,481	2,274,411	2,500,756	
Membership dues						
Program service revenue	15,524	13,979	13,112	19,634	18,876	
Capital gain or loss	1,077	7,719	2,145	-497	-7,292	
Investment income	3,731	6,360	10,394	9,236	12,503	
Fundraising revenue (income/loss)	54,608	3,200	92,680	75,261	38,818	
Gaming revenue (income/loss)						
Other revenue	100,299	153,910	172,530	159,821	165,096	
Total revenue	2,059,440	1,989,958	2,252,342	2,537,866	2,728,757	
Grants and similar amounts paid				120,664	126,471	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	1,092,374	1,117,499	1,078,624	1,106,000	1,110,103	
Professional fees	16,127	16,967	20,788	20,381	18,607	
Occupancy costs	102,627	115,278	125,211	131,424	132,953	
Depreciation and depletion	90,058	92,343	92,312	82,166	83,144	
Other expenses	633,785	613,026	820,906	846,974	857,098	
Total expenses	1,934,971	1,955,113	2,137,841	2,307,609	2,328,376	
Excess or (Deficit)	124,469	34,845	114,501	230,257	400,381	
 Total exempt revenue	2,059,440	1,989,958	2,252,342	2,537,866	2,728,757	
Total unrelated revenue						
Total excludable revenue	120,631	181,968	198,181	188,194	189,183	
Total Assets	2,053,028	2,086,462	2,156,683	2,538,197	2,817,536	
Total Liabilities	85,194	71,237	99,152	236,835	118,047	
Net Fund Balances	1,967,834	2,015,225	2,057,531	2,301,362	2,699,489	

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
First Franklin	\$ 6,195			14	GA	
Raymond James	9			14	GA	
United Community Bank	4,838			14	GA	
Total	<u><u>\$ 11,042</u></u>					

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
Raymond James	\$ 1,461			14	GA	
Total	<u><u>\$ 1,461</u></u>					

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Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
HRA Simple Fees	\$ 2,145	\$ _____	\$ 2,145	\$ _____
Total	\$ 2,145	\$ 0	\$ 2,145	\$ 0

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Supplies	\$ 53,838	\$ 53,838	\$	\$
Repairs and Maintenance	36,964	36,964		
DV Re-Entry Program	33,233	33,233		
Alternate Lodging	18,266	18,266		
Furnishings	16,701	16,701		
Professional Development	13,259	13,259		
Telephone	12,730	12,730		
Dues and Subscriptions	6,180	6,180		
Bank Charges	5,403		4,614	789
Equipment Rental	5,321	5,321		
Miscellaneous	3,362	3,362		
Licenses, Fees & Permits	1,313	1,313		
Repairs and Maintenance	638	638		
Security	525	525		
Miscellaneous	80	80		
Licenses	52			52
Total	\$ 207,865	\$ 202,410	\$ 4,614	\$ 841

Bags and Bubbly**Other Direct Fundraising or Gaming Expenses**

Description	Amount
Authentication Fees	\$ 98
Laundry Supplies	16
	<u>7,259</u>
Total	\$ <u>7,373</u>

Schedule A, Part II, Line 1(e)

Description	Amount
Federated Campaigns	\$ 3,000
Various State Grants	
Non Cash Contributions	31,005
Various Contributions	166,082
Various Fundraisers	11,010
Habersham County United Way	
Cash Contribution	30,000
Department of Community Affairs	
Cash Contribution	76,612
Georgia Department of Human Resource	
Cash Contribution	552,281
Georgia Housing & Financing Authorit	
Cash Contribution	178,292
Criminal Justice Coordinating Counci	
Cash Contribution	836,629
U. S. Dept of Housing & Urban Dev	
Cash Contribution	183,843
U.S. Dept of Justice	
Cash Contribution	184,372
North Georgia Community Foundation	
Cash Contribution	22,432
J Bulow Campbell Foundation	
Cash Contribution	220,000
White County United Way	
Cash Contribution	5,198
Total	\$ <u>2,500,756</u>

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Schedule A, Part II, Line 8(e)

Description	Amount
First Franklin	\$ 6,195
Raymond James	9
United Community Bank	4,838
Raymond James	1,461
Total	<u>\$ 12,503</u>

Schedule A, Part II, Line 12 - Current year

Description	Amount
Client Contributions	\$ 18,876
Other Revenue	4,106
Thrift Store Sales	191,918
Denim & Diamonds Gala	18,000
Bags and Bubbly	35,956
Total	<u>\$ 268,856</u>