

# Federal Diagnostics

## Critical Messages

None

## Electronic Filing

None

## Informational Messages

- Force field entered with data "92,343" on Screen Exp-2
- Historical Report (990 Return) does not display 2022 column if Tax Projection has not been selected.
- Historical Report (990-T Return) does not display 2022 column if Tax Projection has not been selected.
- If Schedule B is required, enter data in View > Contributor/Officer > Contributor Information instead of Screen Income
- Books in Care of is using officer marked in the officer window; Organization phone number is used for contact
- Form 8868 for Form 990/990-EZ extension previously printed; verify extended due date in Screen Ext
- Verify that any cash contributions from special events reported in the Direct folder that are subject to Schedule B reporting requirements have been entered in View > Contributor/Officer > Contributor Information
- Contributor Habersham County United Way is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor Stephens County United Wasy is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor Noa's Ark Inc is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor Fidelity Charitable Gift Fund is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor Johnson & Johnson is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor Kevin Thurmond is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor North Georgia Community Foundation is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Contributor The Sadler Family Foundation is not reported on Schedule B because the first special rule is calculated and total contributions are less than 2% of the amount on Form 990, Part VIII, line 1h or Form 990-EZ, line 1
- Form 990, Part X, line 27 end of year net assets without donor restrictions is calculated
- Preparer 'Joely E Mixon CPA', Reviewer 'Mike Mixon', Staff 'Joely Mixon'

## Missing Data

	Prior Year Data
Functional Expenses	
<input checked="" type="checkbox"/> M/G interest expense	192
Income, Analysis of Activities, Additional Information	
<input checked="" type="checkbox"/> Taxable interest	1
<input checked="" type="checkbox"/> Other revenue	115
Expenses Directly Related to Income (Thrift Store Sales)	
<input checked="" type="checkbox"/> Tot / PS, travel	593
Expenses Directly Related to Income (Dancing with Stars)	
<input checked="" type="checkbox"/> F/R payroll taxes	431
<input checked="" type="checkbox"/> F/R salaries and wages	5,150
<input checked="" type="checkbox"/> F/R other employee benefits	652
Balance Sheet - Liabilities and Equity	
<input checked="" type="checkbox"/> Unsecured notes - BOY	10

## Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

58-1766060

### Georgia Mountain Women's Center, Inc

**Net Asset / Fund Balance at Beginning of Year** 1,967,834

#### Revenue

Contributions	<u>1,804,790</u>	
Program service revenue	<u>13,979</u>	
Investment income	<u>6,360</u>	
Capital gain / loss	<u>7,719</u>	
Fundraising / Gaming:		
Gross revenue	<u>8,125</u>	
Direct expenses	<u>4,925</u>	
Net income	<u>3,200</u>	
Other income	<u>153,910</u>	
<b>Total revenue</b>		<u>1,989,958</u>

#### Expenses

Program services	<u>1,903,754</u>	
Management and general	<u>40,407</u>	
Fundraising	<u>10,952</u>	
<b>Total expenses</b>		<u>1,955,113</u>
<b>Excess / (deficit)</b>		<u>34,845</u>

Changes 12,546

**Net Asset / Fund Balance at End of Year** 2,015,225

#### Reconciliation of Revenue

Total revenue per financial statements	<u>2,025,989</u>
Less:	
Unrealized gains	<u>12,546</u>
Donated services	<u>          </u>
Recoveries	<u>          </u>
Other	<u>26,209</u>
Plus:	
Investment expenses	<u>2,724</u>
Other	<u>          </u>
<b>Total revenue per return</b>	<u>1,989,958</u>

#### Reconciliation of Expenses

Total expenses per financial statements	<u>1,978,598</u>
Less:	
Donated services	<u>          </u>
Prior year adjustments	<u>          </u>
Losses	<u>          </u>
Other	<u>26,209</u>
Plus:	
Investment expenses	<u>2,724</u>
Other	<u>          </u>
<b>Total expenses per return</b>	<u>1,955,113</u>

#### Balance Sheet

	Beginning	Ending	Differences
Assets	<u>2,053,028</u>	<u>2,086,462</u>	
Liabilities	<u>85,194</u>	<u>71,237</u>	
Net assets	<u>1,967,834</u>	<u>2,015,225</u>	<u>47,391</u>

#### Miscellaneous Information

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/22  
 Failure to file penalty \_\_\_\_\_

**Mixon, Mixon, Brown & Tench, CPAs**  
**103 Midway Dr. Unit C**  
**Cornelia, GA 30531-7172**  
**706-778-2154**

August 18, 2022

**CONFIDENTIAL**

Georgia Mountain Women's Center, Inc  
P O Box 833  
Cornelia, GA 30531

Dear Suzanne:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Mixon, Mixon, Brown & Tench, CPAs

**Mixon, Mixon, Brown & Tench, CPAs**  
**103 Midway Dr. Unit C**  
**Cornelia, GA 30531-7172**  
**706-778-2154**

August 18, 2022

**CONFIDENTIAL**

Georgia Mountain Women's Center, Inc  
P O Box 833  
Cornelia, GA 30531

For professional services rendered in connection with the preparation of the following tax forms  
for year ending 12/31/21.

Amount due \$ 0.00

## Filing Instructions

**Georgia Mountain Women's Center, Inc**

**Exempt Organization Tax Return**

**Taxable Year Ended December 31, 2021**

**Date Due:** November 15, 2022

**Remittance:** None is required. Your Form 990 for the tax year ended 12/31/21 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

For calendar year 2021, or fiscal year beginning . . . . ., 2021, and ending . . . . ., 20 . . . . .

**u Do not send to the IRS. Keep for your records.**  
**u Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

**2021**

Department of the Treasury  
Internal Revenue Service

Name of filer

**Georgia Mountain Women's Center, Inc**

EIN or SSN

**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.

<b>1a Form 990</b> check here . . . . .	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1b</b>	<b>1,989,958</b>
<b>2a Form 990-EZ</b> check here . . . . .	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) . . . . .	<b>2b</b>	
<b>3a Form 1120-POL</b> check here . . . . .	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) . . . . .	<b>3b</b>	
<b>4a Form 990-PF</b> check here . . . . .	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5) . . . . .	<b>4b</b>	
<b>5a Form 8868</b> check here . . . . .	<input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c) . . . . .	<b>5b</b>	
<b>6a Form 990-T</b> check here . . . . .	<input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) . . . . .	<b>6b</b>	
<b>7a Form 4720</b> check here . . . . .	<input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1) . . . . .	<b>7b</b>	
<b>8a Form 5227</b> check here . . . . .	<input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D) . . . . .	<b>8b</b>	
<b>9a Form 5330</b> check here . . . . .	<input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19) . . . . .	<b>9b</b>	
<b>10a Form 8038-CP</b> check here . . . . .	<input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) . . . . .	<b>10b</b>	

**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 2021 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 2021 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 2021 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 } **08/17/22**

**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 2021 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 } **08/17/22**

**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)

OMB No. 1545-0047

**2021**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

**Do not enter social security numbers on this form as it may be made public.**  
**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**A For the 2021 calendar year, or tax year beginning , and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <p style="text-align: center;"><b>Georgia Mountain Women's Center, Inc</b></p> Doing business as <b>Circle of Hope</b> Number and street (or P.O. box if mail is not delivered to street address) <b>P O Box 833</b> Room/suite City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;"><b>Cornelia GA 30531</b></p>	<b>D</b> Employer identification number <p style="text-align: center;"><b>58-1766060</b></p> <b>E</b> Telephone number <p style="text-align: center;"><b>706-776-3406</b></p> <b>G</b> Gross receipts \$ <b>2,016,167</b>
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<b>F</b> Name and address of principal officer: <p style="text-align: center;"><b>Suzanne Dow</b> <b>PO Box 833</b> <b>Cornelia GA 30531</b></p>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
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**I** Tax-exempt status:  501(c)(3)  501(c) ( ) **t** (insert no.)  4947(a)(1) or  527

**J** Website: **u** [www.gacircleofhope.org](http://www.gacircleofhope.org) **H(c)** Group exemption number **u**

**K** Form of organization:  Corporation  Trust  Association  Other **u** **L** Year of formation: **1987** **M** State of legal domicile: **GA**

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <p style="text-align: center;"><b>To support, empower, and bring hope to those affected by domestic violence.</b></p>																								
	<b>2</b> Check this box <input type="checkbox"/> <b>u</b> if the organization discontinued its operations or disposed of more than 25% of its net assets. <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a) <b>6</b> Total number of volunteers (estimate if necessary) <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:10%;"><b>3</b></td><td style="text-align: right;"><b>16</b></td></tr> <tr><td><b>4</b></td><td style="text-align: right;"><b>16</b></td></tr> <tr><td><b>5</b></td><td style="text-align: right;"><b>44</b></td></tr> <tr><td><b>6</b></td><td style="text-align: right;"><b>35</b></td></tr> <tr><td><b>7a</b></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>7b</b></td><td style="text-align: right;"><b>0</b></td></tr> </table>	<b>3</b>	<b>16</b>	<b>4</b>	<b>16</b>	<b>5</b>	<b>44</b>	<b>6</b>	<b>35</b>	<b>7a</b>	<b>0</b>	<b>7b</b>	<b>0</b>											
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<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <b>9</b> Program service revenue (Part VIII, line 2g) <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Prior Year</th> <th style="width:15%;">Current Year</th> </tr> </thead> <tbody> <tr><td><b>8</b></td><td style="text-align: right;"><b>1,884,201</b></td><td style="text-align: right;"><b>1,804,790</b></td></tr> <tr><td><b>9</b></td><td style="text-align: right;"><b>15,524</b></td><td style="text-align: right;"><b>13,979</b></td></tr> <tr><td><b>10</b></td><td style="text-align: right;"><b>4,808</b></td><td style="text-align: right;"><b>14,079</b></td></tr> <tr><td><b>11</b></td><td style="text-align: right;"><b>154,907</b></td><td style="text-align: right;"><b>157,110</b></td></tr> <tr><td><b>12</b></td><td style="text-align: right;"><b>2,059,440</b></td><td style="text-align: right;"><b>1,989,958</b></td></tr> </tbody> </table>		Prior Year	Current Year	<b>8</b>	<b>1,884,201</b>	<b>1,804,790</b>	<b>9</b>	<b>15,524</b>	<b>13,979</b>	<b>10</b>	<b>4,808</b>	<b>14,079</b>	<b>11</b>	<b>154,907</b>	<b>157,110</b>	<b>12</b>	<b>2,059,440</b>	<b>1,989,958</b>					
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<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>u</b> <b>10,952</b> <b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <b>19</b> Revenue less expenses. Subtract line 18 from line 12	<table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr><td><b>13</b></td><td></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>14</b></td><td></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>15</b></td><td style="text-align: right;"><b>1,092,374</b></td><td style="text-align: right;"><b>1,117,499</b></td></tr> <tr><td><b>16a</b></td><td></td><td style="text-align: right;"><b>0</b></td></tr> <tr><td><b>17</b></td><td style="text-align: right;"><b>842,597</b></td><td style="text-align: right;"><b>837,614</b></td></tr> <tr><td><b>18</b></td><td style="text-align: right;"><b>1,934,971</b></td><td style="text-align: right;"><b>1,955,113</b></td></tr> <tr><td><b>19</b></td><td style="text-align: right;"><b>124,469</b></td><td style="text-align: right;"><b>34,845</b></td></tr> </tbody> </table>	<b>13</b>		<b>0</b>	<b>14</b>		<b>0</b>	<b>15</b>	<b>1,092,374</b>	<b>1,117,499</b>	<b>16a</b>		<b>0</b>	<b>17</b>	<b>842,597</b>	<b>837,614</b>	<b>18</b>	<b>1,934,971</b>	<b>1,955,113</b>	<b>19</b>	<b>124,469</b>	<b>34,845</b>		
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<b>19</b>	<b>124,469</b>	<b>34,845</b>																							
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <b>21</b> Total liabilities (Part X, line 26) <b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;"></th> <th style="width:15%;">Beginning of Current Year</th> <th style="width:15%;">End of Year</th> </tr> </thead> <tbody> <tr><td><b>20</b></td><td style="text-align: right;"><b>2,053,028</b></td><td style="text-align: right;"><b>2,086,462</b></td></tr> <tr><td><b>21</b></td><td style="text-align: right;"><b>85,194</b></td><td style="text-align: right;"><b>71,237</b></td></tr> <tr><td><b>22</b></td><td style="text-align: right;"><b>1,967,834</b></td><td style="text-align: right;"><b>2,015,225</b></td></tr> </tbody> </table>		Beginning of Current Year	End of Year	<b>20</b>	<b>2,053,028</b>	<b>2,086,462</b>	<b>21</b>	<b>85,194</b>	<b>71,237</b>	<b>22</b>	<b>1,967,834</b>	<b>2,015,225</b>											
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**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.

<b>Sign Here</b>	Signature of officer <p style="text-align: center;"><b>Suzanne Dow</b></p> Type or print name and title	Date <p style="text-align: center;"><b>Executive Director</b></p>
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Joely E Mixon CPA</b>	Preparer's signature <b>Joely E Mixon CPA</b>	Date <b>08/18/22</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01069076</b>
	Firm's name } <b>Mixon, Mixon, Brown &amp; Tench, CPAs</b> Firm's address } <b>103 Midway Dr. Unit C</b> <b>Cornelia, GA 30531-7172</b>	Firm's EIN } <b>82-3104745</b> Phone no. } <b>706-778-2154</b>			

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

Part III Statement of Program Service Accomplishments

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

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 [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
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 \$ 1,903,754 including grants of \$ ) (Revenue \$ 13,979 )

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 u 1,903,754



**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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> 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		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
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		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
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		X
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		X
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	X	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

**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		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		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		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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		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		X
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		X
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		X
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		X
28a			X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
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		X
28c			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
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		X
30			X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
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		X
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		X
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		X
34			X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
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		X
37			X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	X	
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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
1a			48
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
1c			X

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	44		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	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 <b>u</b> 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	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	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	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	<b>Sponsoring organizations maintaining donor advised funds.</b>				
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	<b>Section 501(c)(7) organizations.</b> Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	<b>Section 501(c)(12) organizations.</b> Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and document retention.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and document retention.

Section C. Disclosure

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

Suzanne Dow
Cornelia

PO Box 833

GA 30531

706-776-3406

**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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Dale Van Cantfort ..... President	2.00 ..... 0.00	X		X				0	0	0
(2) Quentin Carr ..... Treasurer	2.00 ..... 0.00	X		X				0	0	0
(3) Bria Clough ..... Director	2.00 ..... 0.00	X						0	0	0
(4) Lynn Cox ..... Director	2.00 ..... 0.00	X						0	0	0
(5) Leigh Crenshaw ..... Director	2.00 ..... 0.00	X						0	0	0
(6) Kelley Herrin ..... Secretary	2.00 ..... 0.00	X		X				0	0	0
(7) Billy Jenkins ..... Director	2.00 ..... 0.00	X						0	0	0
(8) Cindy Jones ..... Director	2.00 ..... 0.00	X						0	0	0
(9) Kim Kaminski ..... Director	2.00 ..... 0.00	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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>Kathy Palmer</b> ..... Director	2.00 0.00	X						0	0	0
(13) <b>Yadira Perry</b> ..... Vice-President	2.00 0.00	X		X				0	0	0
(14) <b>Barbara Strain</b> ..... Director	2.00 0.00	X						0	0	0
(15) <b>Kathy Whitmire</b> ..... Director	2.00 0.00	X		X				0	0	0
(16) <b>Candace Williams</b> ..... Director	2.00 0.00	X						0	0	0
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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 **u 0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		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 **u 0**

**Part VIII Statement of Revenue**

Check 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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>	37,355				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	18,259				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	1,587,063				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	162,113				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 32,774				
	<b>h Total.</b> Add lines 1a-1f	<b>u</b>	1,804,790				
	<b>Program Service Revenue</b>	<b>2a</b> Client Contributions	Business Code 900099	13,979	13,979		
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f		<b>u</b>	13,979				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)	<b>u</b>	6,360			6,360	
	<b>4</b> Income from investment of tax-exempt bond proceeds	<b>u</b>					
	<b>5</b> Royalties	<b>u</b>					
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)	<b>u</b>					
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other	8,465			
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>	746				
	<b>c</b> Gain or (loss)	<b>7c</b>	7,719				
<b>d</b> Net gain or (loss)	<b>u</b>	7,719	-746		8,465		
<b>8a</b> Gross income from fundraising events (not including \$ 18,259 of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		8,125				
		<b>b</b> Less: direct expenses	<b>8b</b>	4,925			
		<b>c</b> Net income or (loss) from fundraising events	<b>u</b>	3,200			
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
		<b>b</b> Less: direct expenses	<b>9b</b>				
<b>c</b> Net income or (loss) from gaming activities	<b>u</b>						
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>		174,448				
		<b>b</b> Less: cost of goods sold	<b>10b</b>	20,538			
		<b>c</b> Net income or (loss) from sales of inventory	<b>u</b>	153,910	153,910		
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d	<b>u</b>					
<b>12 Total revenue.</b> See instructions	<b>u</b>	1,989,958	167,143	0	14,825		

**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				
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	915,972	893,884	16,787	5,301
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	126,891	124,172	2,066	653
10 Payroll taxes	74,636	72,799	1,396	441
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	14,243		14,243	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,724	2,724		
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion	245			245
13 Office expenses	9,990	6,514	881	2,595
14 Information technology	1,657	1,657		
15 Royalties				
16 Occupancy	115,278	115,278		
17 Travel	15,593	15,593		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	92,343	92,343		
23 Insurance	45,676	41,880	3,796	
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	150,033	150,033		
b DV Re-Entry Program	110,835	110,835		
c Transitional Housing	79,022	79,022		
d Housing First	47,818	47,818		
e All other expenses	152,157	149,202	1,238	1,717
25 Total functional expenses. Add lines 1 through 24e	1,955,113	1,903,754	40,407	10,952
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	
<b>Assets</b>	1	Cash—non-interest-bearing	185,526	1	139,045
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	199,678	3	230,644
	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	20,538	8	28,094
	9	Prepaid expenses and deferred charges	8,300	9	6,126
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	2,021,410		
	10b	Less: accumulated depreciation	821,673	10c	1,199,737
	11	Investments—publicly traded securities	355,044	11	479,691
	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	2,125	15	3,125
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	2,053,028	16	2,086,462	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	26,654	17	65,712
	18	Grants payable		18	
	19	Deferred revenue	57,538	19	4,628
	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		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	1,002	25	897
	26	<b>Total liabilities.</b> Add lines 17 through 25	85,194	26	71,237
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>				
	27	Net assets without donor restrictions	1,818,923	27	1,784,581
	28	Net assets with donor restrictions	148,911	28	230,644
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	<b>Total net assets or fund balances</b>	1,967,834	32	2,015,225
33	<b>Total liabilities and net assets/fund balances</b>	2,053,028	33	2,086,462	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>1,989,958</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>1,955,113</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>34,845</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>1,967,834</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>12,546</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>2,015,225</b>

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	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		<b>X</b>
<b>b</b>	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	<b>X</b>	
<b>c</b>	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.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<b>X</b>	
<b>b</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	<b>X</b>	

**SCHEDULE A**  
(Form 990)

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

**u Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

**u Go to [www.irs.gov/Form990](http://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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,338,087	1,593,632	1,787,852	1,884,201	1,804,790	8,408,562
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	1,338,087	1,593,632	1,787,852	1,884,201	1,804,790	8,408,562
<b>5</b> 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)						
<b>6</b> Public support. Subtract line 5 from line 4						8,408,562

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4	1,338,087	1,593,632	1,787,852	1,884,201	1,804,790	8,408,562
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,254	1,535	2,608	3,731	6,360	15,488
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>11 Total support.</b> Add lines 7 through 10						8,424,050

**12** Gross receipts from related activities, etc. (see instructions) 12 1,202,414

**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**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.82 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14	<b>15</b>	99.86 %

**16a 33 1/3% support test—2021.** 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

**b 33 1/3% support test—2020.** 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

**17a 10%-facts-and-circumstances test—2021.** 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

**b 10%-facts-and-circumstances test—2020.** 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

**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

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 - 18 - %; Row 19a: 33 1/3% support tests—2021. 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 - > [ ]; Row 19b: 33 1/3% support tests—2020. 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 - > [ ]; Row 20: Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions - > [ ]

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</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>		

**Part IV Supporting Organizations (continued)**

		Yes	No
<b>11</b>	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?		
b	A family member of a person described on line 11a above?		
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.		
	<b>11a</b>		
	<b>11b</b>		
	<b>11c</b>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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.		
<b>2</b>	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.		
	<b>1</b>		
	<b>2</b>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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).		
	<b>1</b>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	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?		
<b>2</b>	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).		
<b>3</b>	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.		
	<b>1</b>		
	<b>2</b>		
	<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b>	<i>Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).</i>		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b>	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b>	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.		
	<b>2a</b>		
	<b>2b</b>		
	<b>3a</b>		
	<b>3b</b>		

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

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

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

<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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



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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2021 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016 .....			
b From 2017 .....			
c From 2018 .....			
d From 2019 .....			
e From 2020 .....			
f <b>Total</b> of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017 .....			
b Excess from 2018 .....			
c Excess from 2019 .....			
d Excess from 2020 .....			
e Excess from 2021 .....			

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**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.)

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Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

Georgia Mountain Women's Center, Inc

58-1766060

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 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).

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	\$ 103,896	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Department of Family & Children Serv 2 Peachtree St Sutie 26-253 Atlanta GA 30303	\$ 77,865	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 F12 Atlanta GA 30329	\$ 126,251	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Criminal Justice Coordinating Council 104 Marietta St Suite 440 Atlanta GA 30303	\$ 1,262,643	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Georgia Mountain Women's Center, Inc

Employer identification number

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions 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... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in (c) acquired after 7/25/06, 3 Number of conservation easements modified..., 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours devoted to monitoring..., 7 Amount of expenses incurred in monitoring..., 8 Does each conservation easement reported on line 2(d) above satisfy the requirements..., 9 In Part XIII, describe how the organization reports 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.

Table with 2 columns: u \$. Rows include: 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.

**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:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	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 on Part XIII  Yes  No

**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

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

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		258,783		258,783
b Buildings		560,000	183,704	376,296
c Leasehold improvements		906,772	441,848	464,924
d Equipment		145,527	95,601	49,926
e Other		150,328	100,520	49,808
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			<b>u</b>	<b>1,199,737</b>

**Part VII Investments – Other Securities.**

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

(a) Description of security or category (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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	<b>u</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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<b>u</b>	

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>u</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) <b>Sales Tax Payable</b>	<b>747</b>
(3) <b>Client Savings Payable</b>	<b>150</b>
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>u 897</b>

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	2,025,989
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	12,546	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	26,209	
e	Add lines 2a through 2d	2e		38,755
3	Subtract line 2e from line 1	3		1,987,234
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	2,724	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		2,724
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		1,989,958

**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	1,978,598
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	26,209	
e	Add lines 2a through 2d	2e		26,209
3	Subtract line 2e from line 1	3		1,952,389
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	2,724	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		2,724
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		1,955,113

**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	\$	20,538
Direct Fundraising Expenses	\$	4,925
Loss on Disposal of Assets	\$	746

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

Costs of Donated Assets Sold	\$	20,538
Direct Fundraising Expenses	\$	4,925
Loss on Disposal of Assets	\$	746



**Part XIII** Supplemental Information *(continued)*

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Dotted lines for supplemental information entry.

**SCHEDULE G  
(Form 990)**

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.

U Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

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  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

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

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

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

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

.....  
.....  
.....  
.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Various Fundrai</u> (event type)	<u>Dancing with St</u> (event type)	<u>None</u> (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	14,010	12,374	26,384
	2	Less: Contributions	14,010	4,249	18,259
	3	Gross income (line 1 minus line 2)		8,125	8,125
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	1,302	3,623	4,925
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				3,200

**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: .....

- 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 u .....

Address u .....

- 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 u \$ ..... and the amount of gaming revenue retained by the third party u \$ .....
- c If "Yes," enter name and address of the third party:

Name u .....

Address u .....

16 Gaming manager information:

Name u .....

Gaming manager compensation u \$ .....

Description of services provided u .....

- 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 u \$ .....

**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 M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0074

**2021**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
u Attach to Form 990.  
u Go to [www.irs.gov/Form990](http://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 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	<b>X</b>		<b>28,094</b>	<b>Estimated FMV</b>
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	<b>X</b>	<b>1</b>	<b>4,680</b>	<b>Estimated FMV</b>
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 <b>u</b> ( )				
26 Other <b>u</b> ( )				
27 Other <b>u</b> ( )				
28 Other <b>u</b> ( )				

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

**29**

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



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**Georgia Mountain Women's Center, Inc**

Employer identification number

**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](http://guidestar.org).

**Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation**

Costs of Donated Assets Sold \$ 20,538

Direct Fundraising Expenses \$ 4,925

Loss on Disposal of Assets \$ 746

Costs of Donated Assets Sold \$ -20,538

Direct Fundraising Expenses \$ -4,925

Loss on Disposal of Assets \$ -746

Form **4562**  
Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on return

**Depreciation and Amortization**  
(Including Information on Listed Property)

u Attach to your tax return.

u Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2021**

Attachment 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	<b>1,050,000</b>
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	<b>2,620,000</b>
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 <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2020 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 2022. 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	<b>92,341</b>

**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 2021	17	<b>0</b>
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 checked="" type="checkbox"/>		

**Section B—Assets Placed in Service During 2021 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			39 yrs.	MM	S/L	

**Section C—Assets Placed in Service During 2021 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	<b>Total.</b> 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	<b>92,341</b>
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.

Form **4562** (2021)

**There are no amounts for Page 2**



## Federal Asset Report

FYE: 12/31/2021

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Other Depreciation:</b>										
1	Building Improvements	12/29/05	20,000			20,000	15	MO S/L	20,000	0
2	Landscaping	12/21/07	32,390			32,390	15	MO S/L	29,151	2,159
9	Security Gate - Front Entrance	12/31/02	10,000			10,000	15	MO S/L	10,000	0
35	Land	11/16/98	123,783			123,783	0	-- Land	0	0
36	Building Improvements	12/31/04	58,651			58,651	39	MO S/L	24,062	1,503
46	Fence	9/27/05	12,900			12,900	15	MO S/L	12,900	0
50	Landscaping	10/17/05	3,704			3,704	15	MO S/L	3,704	0
52	Compressor	10/25/05	267			267	7	MO S/L	267	0
53	Kitchen Appliances	10/26/05	7,454			7,454	7	MO S/L	7,454	0
54	Playground Equipment	11/01/05	1,934			1,934	15	MO S/L	1,934	0
57	Security System	6/21/05	7,751			7,751	15	MO S/L	7,751	0
62	Security System	8/30/05	12,260			12,260	15	MO S/L	12,260	0
63	Building Improvements	8/31/05	2,822			2,822	15	MO S/L	2,822	0
64	Building Improvements	9/30/05	576,696			576,696	39	MO S/L	225,503	14,787
69	Security System Update	6/01/06	715			715	15	MO S/L	695	20
79	Driveway Paving	6/12/07	3,750			3,750	15	MO S/L	3,396	250
86	Printer	3/02/07	354			354	7	MO S/L	354	0
89	Lights/Ceiling	2/22/07	538			538	15	MO S/L	497	35
90	A/C Unit	4/05/07	373			373	15	MO S/L	342	24
91	Landscaping	1/28/08	1,780			1,780	15	MO S/L	1,532	119
101	Building Door	6/17/09	658			658	39	MO S/L	194	16
102	Building Windows	10/22/09	518			518	39	MO S/L	148	13
106	AC - Thrift Store	6/10/09	534			534	15	MO S/L	413	35
107	Playground Improvements	3/15/09	40,854			40,854	15	MO S/L	32,230	2,723
108	Fencing	3/30/10	4,398			4,398	15	MO S/L	3,152	293
109	Dining Room Chairs	8/04/10	1,281			1,281	7	MO S/L	1,281	0
111	Fencing	8/10/10	4,660			4,660	15	MO S/L	3,236	311
113	Shredder	3/18/10	704			704	5	MO S/L	704	0
114	Dishwasher	4/02/10	740			740	5	MO S/L	740	0
116	Dell Server	8/04/10	1,017			1,017	5	MO S/L	1,017	0
117	Furniture (Apts) (OVW)	2/08/10	2,951			2,951	5	MO S/L	2,951	0
118	Furniture (Apts) (OVW)	5/21/10	4,259			4,259	5	MO S/L	4,259	0
120	Furniture (Apts) (OVW)	8/02/10	2,593			2,593	5	MO S/L	2,593	0
121	2 - Washers/Dryers (OVW)	8/05/10	1,674			1,674	7	MO S/L	1,674	0
122	Furniture (Apts) (OVW)	9/28/10	2,371			2,371	5	MO S/L	2,371	0
123	Furniture (Apt) (OVW)	11/17/10	4,315			4,315	5	MO S/L	4,315	0
124	Washer/Dryer (OVW)	11/09/10	916			916	5	MO S/L	916	0
126	Washer & Dryer (OVW)	4/20/11	912			912	5	MO S/L	912	0
127	3 Dressers	1/01/11	642			642	7	MO S/L	642	0
129	Washer & Dryers (3)	6/24/11	2,300			2,300	5	MO S/L	2,300	0
130	Bunk Beds/Twin Beds	8/04/11	932			932	7	MO S/L	932	0
131	Furniture for Apts.	9/16/11	1,619			1,619	7	MO S/L	1,619	0
132	Fence - Shelter	3/21/11	4,369			4,369	15	MO S/L	2,840	291
134	Dresser/Mattresses (Shelter)	9/28/11	1,467			1,467	7	MO S/L	1,467	0
135	Building - Eastanollee	8/22/11	560,000			560,000	31	MO S/L	165,926	17,778
136	Land - Eastanollee	8/22/11	135,000			135,000	0	-- Land	0	0
138	Heat Pump - Eastanollee	7/05/12	3,816			3,816	5	MO S/L	3,816	0
	Sold/Scrapped: 2/03/21									
141	Leasehold Improvements - Cornelia Thrift	6/30/12	3,898			3,898	10	MO S/L	3,313	390
144	Shelter Handicap Bathroom Renovation	9/18/13	2,646			2,646	15	MO S/L	1,279	176
145	Shelter Improvements	9/05/13	5,611			5,611	15	MO S/L	2,743	374
146	Shelter Furniture	8/29/13	1,260			1,260	7	MO S/L	1,260	0
149	Website Design	7/05/13	795			795	5	MO S/L	795	0
150	2006 Box Truck	11/06/14	7,000			7,000	5	MO S/L	7,000	0
154	Furnishings for 202 Berry Ct (Shelter +Care)	8/19/14	1,408			1,408	5	MO S/L	1,408	0
155	Furnishings for 27 Andrews St.	12/04/14	655			655	5	MO S/L	655	0
156	Improvements to Bathroom @ Shelter	5/16/14	2,761			2,761	7	MO S/L	2,596	165
158	Animal Kennel	3/27/14	5,500			5,500	7	MO S/L	5,304	196
165	Painting in Shelter	6/01/15	6,675			6,675	7	MO S/L	5,324	954
166	Carpet/Tile for Shelter	6/08/15	3,222			3,222	7	MO S/L	2,570	460
167	Furnishings for Shelter	6/26/15	3,889			3,889	5	MO S/L	3,889	0
170	Clarksville Thrift Store Window Tinting	12/07/15	1,737			1,737	7	MO S/L	1,261	248
171	A/C Unit for Cornelia Thrift Store	6/30/15	502			502	5	MO S/L	502	0
174	Bosch 500 Series Gas Cooktop	10/27/16	866			866	5	MO S/L	721	145
175	Improvements to Shelter Kitchen	10/28/16	16,683			16,683	15	MO S/L	4,634	1,112
176	Improvements to Eastanollee	8/30/16	11,082			11,082	15	MO S/L	3,201	739
177	Dell Poweredge T130 Server	10/17/16	566			566	5	MO S/L	472	94
178	Improvements to 95C Wanda Drive	9/06/16	3,134			3,134	15	MO S/L	905	209

## Federal Asset Report

FYE: 12/31/2021

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
180	Improvements to 104 Stephens Dr	8/23/16	1,850				1,850	15	MO S/L	534	124
181	Honeywell Access Control System	7/27/17	2,350				2,350	5	MO S/L	1,606	470
182	HP CPU for Director	7/27/17	642				642	5	MO S/L	439	128
183	Heat Pump for Shelter	9/18/17	3,933				3,933	5	MO S/L	2,556	787
184	Freezer for Shelter	9/22/17	829				829	5	MO S/L	539	166
185	Improvements to 208 Stephens Dr	12/21/17	854				854	15	MO S/L	171	57
186	Odyssey Van	1/25/18	33,900				33,900	5	MO S/L	19,775	6,780
187	New Roof for Eastanolle	4/25/18	12,455				12,455	31	MO S/L	1,054	396
188	3 Desks for Admin Office	5/03/18	1,647				1,647	7	MO S/L	627	236
189	3 Desks for Shelter	5/03/18	1,647				1,647	7	MO S/L	627	236
190	2017 Dodge Caravan	8/08/18	20,000				20,000	5	MO S/L	9,667	4,000
191	Playground Equipment	9/28/18	15,915				15,915	5	MO S/L	7,162	3,183
192	Executive Shaker Desk	8/15/18	898				898	7	MO S/L	310	128
193	Oven for Shelter	11/24/18	863				863	5	MO S/L	360	172
194	Security Camera System	9/28/18	535				535	5	MO S/L	241	107
195	Washer for Shelter	4/17/18	794				794	5	MO S/L	424	92
	Sold/Scrapped: 8/01/21										
196	Pottery Barn Bench for Shelter	4/25/18	760				760	7	MO S/L	289	109
197	HVAC for Shelter	7/31/18	3,594				3,594	5	MO S/L	1,737	719
198	New Computer for Admin (Melissa)	8/26/18	519				519	5	MO S/L	242	104
199	2 Smart TV's	9/25/18	3,060				3,060	5	MO S/L	1,377	612
200	Kitchen Improvements - Eastanolle	7/31/19	7,350				7,350	7	MO S/L	1,488	1,050
201	Dog Kennels - Eastanollee	5/30/19	2,103				2,103	7	MO S/L	476	300
202	Kitchen Cabinets/Countertops - Eastanollee	7/25/19	4,536				4,536	7	MO S/L	918	648
203	Painting - Eastanollee	9/30/19	4,550				4,550	7	MO S/L	813	650
204	Shelter Improvements - Painting	9/30/19	8,390				8,390	7	MO S/L	1,498	1,199
205	Shelter Improvements - Flooring	9/30/19	18,019				18,019	15	MO S/L	1,502	1,201
206	Painting of Outreach offices	9/30/19	3,280				3,280	15	MO S/L	273	219
207	Carpet for Outreach Office	9/30/19	6,145				6,145	15	MO S/L	512	410
208	Dining Table & Chairs for Shelter	5/08/19	2,356				2,356	7	MO S/L	561	337
209	Conference Room Table - Shelter	6/05/19	1,887				1,887	7	MO S/L	427	269
210	Dining Table & Chairs - Shelter	8/29/19	3,825				3,825	7	MO S/L	729	546
211	Tables & Desk - Shelter	9/15/19	3,100				3,100	7	MO S/L	590	443
212	3 Sofas - Shelter	9/13/19	3,898				3,898	7	MO S/L	742	557
213	Laptop for S. Dow	3/18/19	759				759	5	MO S/L	266	25
	Sold/Scrapped: 2/28/21										
214	Storage Shed - Shelter	4/29/19	2,686				2,686	5	MO S/L	895	537
215	2 Laptops for Outreach Staff	5/12/19	1,241				1,241	5	MO S/L	414	248
216	HP Pavilion Desktop I5 - Advocate Office	5/17/19	593				593	5	MO S/L	188	119
217	Acer Aspire Desktop i5 - Community Awar	5/17/19	642				642	5	MO S/L	203	129
218	Kitchen Appliances - Eastanolle	7/17/19	3,773				3,773	5	MO S/L	1,069	755
219	Laptop - Housing Coordinator	8/22/19	637				637	5	MO S/L	170	127
220	Shelter Appliances	8/26/19	10,173				10,173	5	MO S/L	2,713	2,034
222	2018 Dodge Caravan	6/27/19	18,000				18,000	5	MO S/L	5,400	3,600
223	Laptop for Prison Reentry Program	3/11/20	631				631	5	MO S/L	105	126
224	8 Camera Security System w/DVR	6/25/20	6,259				6,259	5	MO S/L	626	1,252
225	Laptop for Associate Director	7/06/20	645				645	5	MO S/L	65	129
226	3 HP 15.6 Laptops for Staff	8/20/20	1,798				1,798	5	MO S/L	120	359
227	Security System - Admin Office	9/21/20	4,329				4,329	5	MO S/L	216	866
228	A/C for Shelter	7/14/20	4,139				4,139	5	MO S/L	414	828
229	30KW Generator	8/25/20	17,700				17,700	5	MO S/L	1,180	3,540
230	2019 Dodge Caravan	6/03/20	21,768				21,768	5	MO S/L	2,540	4,353
233	Building Improvements (Shelter Sheetrock,	7/22/21	2,956				2,956	7	MO S/L	0	176
234	Building Improvements (Shelter entrance de	7/22/21	2,647				2,647	7	MO S/L	0	158
236	Lenovo Laptop Intel - Suzanne	2/28/21	880				880	5	MO S/L	0	147
237	Whirlpool Upright Freezer - Liberty Hill	5/11/21	1,008				1,008	5	MO S/L	0	134
238	Heating Unit - Liberty Hill	2/03/21	3,518				3,518	5	MO S/L	0	645
	<b>Total Other Depreciation</b>		<u>2,026,778</u>				<u>2,026,778</u>			<u>733,954</u>	<u>92,341</u>
	<b>Total ACRS and Other Depreciation</b>		<u>2,026,778</u>				<u>2,026,778</u>			<u>733,954</u>	<u>92,341</u>
	<b>Grand Totals</b>		2,026,778				2,026,778			733,954	92,341
	<b>Less: Dispositions and Transfers</b>		5,369				5,369			4,506	117
	<b>Less: Start-up/Org Expense</b>		0				0			0	0
	<b>Net Grand Totals</b>		<u>2,021,409</u>				<u>2,021,409</u>			<u>729,448</u>	<u>92,224</u>

Asset	Description	Date In Service	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
<b>Other Depreciation:</b>								
1	Building Improvements	12/29/05	20,000	20,000	20,000	0	0	0
2	Landscaping	12/21/07	32,390	32,390	28,071	2,160	2,159	-1
9	Security Gate - Front Entrance	12/31/02	10,000	10,000	10,000	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	24,062	1,504	1,503	-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	225,503	14,787	14,787	0
69	Security System Update	6/01/06	715	715	695	20	20	0
79	Driveway Paving	6/12/07	3,750	3,750	3,396	250	250	0
86	Printer	3/02/07	354	354	354	0	0	0
89	Lights/Ceiling	2/22/07	538	538	496	36	35	-1
90	A/C Unit	4/05/07	373	373	342	25	24	-1
91	Landscaping	1/28/08	1,780	1,780	1,533	118	119	1
101	Building Door	6/17/09	658	658	194	17	16	-1
102	Building Windows	10/22/09	518	518	148	14	13	-1
106	AC - Thrift Store	6/10/09	534	534	412	36	35	-1
107	Playground Improvements	3/15/09	40,854	40,854	32,229	2,724	2,723	-1
108	Fencing	3/30/10	4,398	4,398	3,152	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	3,236	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	2,840	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	165,926	17,778	17,778	0
136	Land - Eastanollee	8/22/11	135,000	135,000	0	0	0	0
138	Heat Pump - Eastanollee	7/05/12	3,816	3,816	3,816	0	0	0
Sold/Scrapped: 2/03/21								
141	Leasehold Improvements - Cornelia Thrift	6/30/12	3,898	3,898	3,313	390	390	0
144	Shelter Handicap Bathroom Renovation	9/18/13	2,646	2,646	1,279	176	176	0
145	Shelter Improvements	9/05/13	5,611	5,611	2,743	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	2,596	165	165	0
158	Animal Kennel	3/27/14	5,500	5,500	5,304	196	196	0
165	Painting in Shelter	6/01/15	6,675	6,675	5,324	954	954	0
166	Carpet/Tile for Shelter	6/08/15	3,222	3,222	2,570	460	460	0
167	Furnishings for Shelter	6/26/15	3,889	3,889	3,889	0	0	0
170	Clarksville Thrift Store Window Tinting	12/07/15	1,737	1,737	1,261	248	248	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	721	145	145	0
175	Improvements to Shelter Kitchen	10/28/16	16,683	16,683	4,634	1,112	1,112	0
176	Improvements to Eastanollee	8/30/16	11,082	11,082	3,201	739	739	0
177	Dell Poweredge T130 Server	10/17/16	566	566	472	94	94	0
178	Improvements to 95C Wanda Drive	9/06/16	3,134	3,134	905	209	209	0

## GA Asset Report

FYE: 12/31/2021

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Asset	Description	Date In Service	Cost	Basis for Depr	GA Prior	GA Current	Federal Current	Difference Fed - GA
180	Improvements to 104 Stephens Dr	8/23/16	1,850	1,850	534	124	124	0
181	Honeywell Access Control System	7/27/17	2,350	2,350	1,606	470	470	0
182	HP CPU for Director	7/27/17	642	642	439	128	128	0
183	Heat Pump for Shelter	9/18/17	3,933	3,933	2,556	787	787	0
184	Freezer for Shelter	9/22/17	829	829	539	166	166	0
185	Improvements to 208 Stephens Dr	12/21/17	854	854	171	57	57	0
186	Odyssey Van	1/25/18	33,900	33,900	19,775	6,780	6,780	0
187	New Roof for Eastanolle	4/25/18	12,455	12,455	1,054	396	396	0
188	3 Desks for Admin Office	5/03/18	1,647	1,647	627	236	236	0
189	3 Desks for Shelter	5/03/18	1,647	1,647	627	236	236	0
190	2017 Dodge Caravan	8/08/18	20,000	20,000	9,667	4,000	4,000	0
191	Playground Equipment	9/28/18	15,915	15,915	7,162	3,183	3,183	0
192	Executive Shaker Desk	8/15/18	898	898	310	128	128	0
193	Oven for Shelter	11/24/18	863	863	360	172	172	0
194	Security Camera System	9/28/18	535	535	241	107	107	0
195	Washer for Shelter	4/17/18	794	794	424	92	92	0
	Sold/Scrapped: 8/01/21							
196	Pottery Barn Bench for Shelter	4/25/18	760	760	289	109	109	0
197	HVAC for Shelter	7/31/18	3,594	3,594	1,737	719	719	0
198	New Computer for Admin (Melissa)	8/26/18	519	519	242	104	104	0
199	2 Smart TV's	9/25/18	3,060	3,060	1,377	612	612	0
200	Kitchen Improvements - Eastanolle	7/31/19	7,350	7,350	1,488	1,050	1,050	0
201	Dog Kennels - Eastanollee	5/30/19	2,103	2,103	476	300	300	0
202	Kitchen Cabinets/Countertops - Eastanollee	7/25/19	4,536	4,536	918	648	648	0
203	Painting - Eastanollee	9/30/19	4,550	4,550	813	650	650	0
204	Shelter Improvements - Painting	9/30/19	8,390	8,390	1,498	1,199	1,199	0
205	Shelter Improvements - Flooring	9/30/19	18,019	18,019	1,502	1,201	1,201	0
206	Painting of Outreach offices	9/30/19	3,280	3,280	273	219	219	0
207	Carpet for Outreach Office	9/30/19	6,145	6,145	512	410	410	0
208	Dining Table & Chairs for Shelter	5/08/19	2,356	2,356	561	337	337	0
209	Conference Room Table - Shelter	6/05/19	1,887	1,887	427	269	269	0
210	Dining Table & Chairs - Shelter	8/29/19	3,825	3,825	729	546	546	0
211	Tables & Desk - Shelter	9/15/19	3,100	3,100	590	443	443	0
212	3 Sofas - Shelter	9/13/19	3,898	3,898	742	557	557	0
213	Laptop for S. Dow	3/18/19	759	759	266	25	25	0
	Sold/Scrapped: 2/28/21							
214	Storage Shed - Shelter	4/29/19	2,686	2,686	895	537	537	0
215	2 Laptops for Outreach Staff	5/12/19	1,241	1,241	414	248	248	0
216	HP Pavilion Desktop I5 - Advocate Office	5/17/19	593	593	188	119	119	0
217	Acer Aspire Desktop i5 - Community Awar	5/17/19	642	642	203	129	129	0
218	Kitchen Appliances - Eastanolle	7/17/19	3,773	3,773	1,069	755	755	0
219	Laptop - Housing Coordinator	8/22/19	637	637	170	127	127	0
220	Shelter Appliances	8/26/19	10,173	10,173	2,713	2,034	2,034	0
222	2018 Dodge Caravan	6/27/19	18,000	18,000	5,400	3,600	3,600	0
223	Laptop for Prison Reentry Program	3/11/20	631	631	105	126	126	0
224	8 Camera Security System w/DVR	6/25/20	6,259	6,259	626	1,252	1,252	0
225	Laptop for Associate Director	7/06/20	645	645	65	129	129	0
226	3 HP 15.6 Laptops for Staff	8/20/20	1,798	1,798	120	359	359	0
227	Security System - Admin Office	9/21/20	4,329	4,329	216	866	866	0
228	A/C for Shelter	7/14/20	4,139	4,139	414	828	828	0
229	30KW Generator	8/25/20	17,700	17,700	1,180	3,540	3,540	0
230	2019 Dodge Caravan	6/03/20	21,768	21,768	2,540	4,353	4,353	0
233	Building Improvements (Shelter Sheetrock,	7/22/21	2,956	2,956	0	176	176	0
234	Building Improvements (Shelter entrance de	7/22/21	2,647	2,647	0	158	158	0
236	Lenovo Laptop Intel - Suzanne	2/28/21	880	880	0	147	147	0
237	Whirlpool Upright Freezer - Liberty Hill	5/11/21	1,008	1,008	0	134	134	0
238	Heating Unit - Liberty Hill	2/03/21	3,518	3,518	0	645	645	0
	<b>Total Other Depreciation</b>		<u>2,026,778</u>	<u>2,026,778</u>	<u>732,872</u>	<u>92,348</u>	<u>92,341</u>	<u>-7</u>
	<b>Total ACRS and Other Depreciation</b>		<u>2,026,778</u>	<u>2,026,778</u>	<u>732,872</u>	<u>92,348</u>	<u>92,341</u>	<u>-7</u>
	<b>Grand Totals</b>		<u>2,026,778</u>	<u>2,026,778</u>	<u>732,872</u>	<u>92,348</u>	<u>92,341</u>	<u>-7</u>
	<b>Less: Dispositions</b>		<u>5,369</u>	<u>5,369</u>	<u>4,506</u>	<u>117</u>	<u>117</u>	<u>0</u>
	<b>Less: Start-up/Org Expense</b>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u>2,021,409</u>	<u>2,021,409</u>	<u>728,366</u>	<u>92,231</u>	<u>92,224</u>	<u>-7</u>

**AMT Asset Report**

FYE: 12/31/2021

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Prior MACRS:</b>											
108	Fencing	3/30/10	4,398			X	2,199	15	HY S/L	3,739	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
			<u>5,671</u>				<u>2,199</u>			<u>5,012</u>	<u>146</u>
<b>Other Depreciation:</b>											
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
9	Security Gate - Front Entrance	12/31/02	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
138	Heat Pump - Eastanollee	7/05/12	3,816				3,816	5	MO S/L	3,816	0
	Sold/Scrapped: 2/03/21										
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	1,279	176
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	Clarksville 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

Asset	Description	Date		Bus %	Sec 179	Bonus	Basis			Prior	Current
		In Service	Cost				for Depr	Per Conv	Meth		
174	Bosch 500 Series Gas Cooktop	10/27/16	0				0	0	HY	0	0
175	Improvements to Shelter Kitchen	10/28/16	0				0	0	HY	0	0
176	Improvements to Eastanollee	8/30/16	0				0	0	HY	0	0
177	Dell Poweredge T130 Server	10/17/16	0				0	0	HY	0	0
178	Improvements to 95C Wanda Drive	9/06/16	0				0	0	HY	0	0
180	Improvements to 104 Stephens Dr	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	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
195	Washer for Shelter	4/17/18	0				0	0	HY	0	0
	Sold/Scrapped: 8/01/21										
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
198	New Computer for Admin (Melissa)	8/26/18	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	9/30/19	0				0	0	HY	0	0
207	Carpet for Outreach Office	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
213	Laptop for S. Dow	3/18/19	0				0	0	HY	0	0
	Sold/Scrapped: 2/28/21										
214	Storage Shed - Shelter	4/29/19	0				0	0	HY	0	0
215	2 Laptops for Outreach Staff	5/12/19	0				0	0	HY	0	0
216	HP Pavilion Desktop I5 - Advocate Office	5/17/19	0				0	0	HY	0	0
217	Acer Aspire Desktop i5 - Community Awar	5/17/19	0				0	0	HY	0	0
218	Kitchen Appliances - Eastanolle	7/17/19	0				0	0	HY	0	0
219	Laptop - Housing Coordinator	8/22/19	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	7/06/20	0				0	0	HY	0	0
226	3 HP 15.6 Laptops for Staff	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
	<b>Total Other Depreciation</b>		<u>26,462</u>				<u>26,462</u>			<u>25,095</u>	<u>176</u>
	<b>Total ACRS and Other Depreciation</b>		<u>26,462</u>				<u>26,462</u>			<u>25,095</u>	<u>176</u>

**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
	<b>Grand Totals</b>		32,133			28,661		30,107	322
	<b>Less: Dispositions and Transfers</b>		<u>3,816</u>			<u>3,816</u>		<u>3,816</u>	<u>0</u>
	<b>Net Grand Totals</b>		<u><u>28,317</u></u>			<u><u>24,845</u></u>		<u><u>26,291</u></u>	<u><u>322</u></u>

**Bonus Depreciation Report**

**Form 990, Page 1**

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



# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b><u>Other Depreciation:</u></b>					
1	Building Improvements	12/29/05	20,000	0	0
2	Landscaping	12/21/07	32,390	1,080	0
9	Security Gate - Front Entrance	12/31/02	10,000	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	104	0
86	Printer	3/02/07	354	0	0
89	Lights/Ceiling	2/22/07	538	6	0
90	A/C Unit	4/05/07	373	7	0
91	Landscaping	1/28/08	1,780	119	0
101	Building Door	6/17/09	658	17	0
102	Building Windows	10/22/09	518	14	0
106	AC - Thrift Store	6/10/09	534	36	0
107	Playground Improvements	3/15/09	40,854	2,724	0
108	Fencing	3/30/10	4,398	294	147
109	Dining Room Chairs	8/04/10	1,281	0	0
111	Fencing	8/10/10	4,660	310	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	195	0
144	Shelter Handicap Bathroom Renovation	9/18/13	2,646	177	177
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	397	0
166	Carpet/Tile for Shelter	6/08/15	3,222	192	0
167	Furnishings for Shelter	6/26/15	3,889	0	0
170	Clarksville Thrift Store Window Tinting	12/07/15	1,737	228	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 Kitchen	10/28/16	16,683	1,113	0
176	Improvements to Eastanollee	8/30/16	11,082	739	0
177	Dell Poweredge T130 Server	10/17/16	566	0	0
178	Improvements to 95C Wanda Drive	9/06/16	3,134	209	0
180	Improvements to 104 Stephens Dr	8/23/16	1,850	123	0

Asset	Description	Date In Service	Cost	Tax	AMT
181	Honeywell Access Control System	7/27/17	2,350	274	0
182	HP CPU for Director	7/27/17	642	75	0
183	Heat Pump for Shelter	9/18/17	3,933	590	0
184	Freezer for Shelter	9/22/17	829	124	0
185	Improvements to 208 Stephens Dr	12/21/17	854	57	0
186	Odyssey Van	1/25/18	33,900	6,780	0
187	New Roof for Eastanolle	4/25/18	12,455	395	0
188	3 Desks for Admin Office	5/03/18	1,647	235	0
189	3 Desks for Shelter	5/03/18	1,647	235	0
190	2017 Dodge Caravan	8/08/18	20,000	4,000	0
191	Playground Equipment	9/28/18	15,915	3,183	0
192	Executive Shaker Desk	8/15/18	898	129	0
193	Oven for Shelter	11/24/18	863	173	0
194	Security Camera System	9/28/18	535	107	0
196	Pottery Barn Bench for Shelter	4/25/18	760	108	0
197	HVAC for Shelter	7/31/18	3,594	719	0
198	New Computer for Admin (Melissa)	8/26/18	519	104	0
199	2 Smart TV's	9/25/18	3,060	612	0
200	Kitchen Improvements - Eastanolle	7/31/19	7,350	1,050	0
201	Dog Kennels - Eastanolle	5/30/19	2,103	301	0
202	Kitchen Cabinets/Countertops - Eastanolle	7/25/19	4,536	648	0
203	Painting - Eastanolle	9/30/19	4,550	650	0
204	Shelter Improvements - Painting	9/30/19	8,390	1,198	0
205	Shelter Improvements - Flooring	9/30/19	18,019	1,201	0
206	Painting of Outreach offices	9/30/19	3,280	219	0
207	Carpet for Outreach Office	9/30/19	6,145	409	0
208	Dining Table & Chairs for Shelter	5/08/19	2,356	336	0
209	Conference Room Table - Shelter	6/05/19	1,887	270	0
210	Dining Table & Chairs - Shelter	8/29/19	3,825	546	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	538	0
215	2 Laptops for Outreach Staff	5/12/19	1,241	248	0
216	HP Pavilion Desktop I5 - Advocate Office	5/17/19	593	118	0
217	Acer Aspire Desktop i5 - Community Awareness	5/17/19	642	128	0
218	Kitchen Appliances - Eastanolle	7/17/19	3,773	754	0
219	Laptop - Housing Coordinator	8/22/19	637	127	0
220	Shelter Appliances	8/26/19	10,173	2,035	0
222	2018 Dodge Caravan	6/27/19	18,000	3,600	0
223	Laptop for Prison Reentry Program	3/11/20	631	127	0
224	8 Camera Security System w/DVR	6/25/20	6,259	1,251	0
225	Laptop for Associate Director	7/06/20	645	129	0
226	3 HP 15.6 Laptops for Staff	8/20/20	1,798	360	0
227	Security System - Admin Office	9/21/20	4,329	866	0
228	A/C for Shelter	7/14/20	4,139	828	0
229	30KW Generator	8/25/20	17,700	3,540	0
230	2019 Dodge Caravan	6/03/20	21,768	4,354	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	704	0
	<b>Total Other Depreciation</b>		<u>2,021,409</u>	<u>89,432</u>	<u>324</u>
	<b>Total ACRS and Other Depreciation</b>		<u>2,021,409</u>	<u>89,432</u>	<u>324</u>
	<b>Grand Totals</b>		<u>2,021,409</u>	<u>89,432</u>	<u>324</u>

Asset	Description	Date In Service	Cost	GA
<b>Other Depreciation:</b>				
1	Building Improvements	12/29/05	20,000	0
2	Landscaping	12/21/07	32,390	2,159
9	Security Gate - Front Entrance	12/31/02	10,000	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	104
86	Printer	3/02/07	354	0
89	Lights/Ceiling	2/22/07	538	6
90	A/C Unit	4/05/07	373	6
91	Landscaping	1/28/08	1,780	119
101	Building Door	6/17/09	658	17
102	Building Windows	10/22/09	518	13
106	AC - Thrift Store	6/10/09	534	36
107	Playground Improvements	3/15/09	40,854	2,723
108	Fencing	3/30/10	4,398	294
109	Dining Room Chairs	8/04/10	1,281	0
111	Fencing	8/10/10	4,660	310
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
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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
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176	Improvements to Eastanollee	8/30/16	11,082	739
177	Dell Poweredge T130 Server	10/17/16	566	0
178	Improvements to 95C Wanda Drive	9/06/16	3,134	209
180	Improvements to 104 Stephens Dr	8/23/16	1,850	123

Asset	Description	Date In Service	Cost	GA
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183	Heat Pump for Shelter	9/18/17	3,933	590
184	Freezer for Shelter	9/22/17	829	124
185	Improvements to 208 Stephens Dr	12/21/17	854	57
186	Odyssey Van	1/25/18	33,900	6,780
187	New Roof for Eastanolle	4/25/18	12,455	395
188	3 Desks for Admin Office	5/03/18	1,647	235
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190	2017 Dodge Caravan	8/08/18	20,000	4,000
191	Playground Equipment	9/28/18	15,915	3,183
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205	Shelter Improvements - Flooring	9/30/19	18,019	1,201
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210	Dining Table & Chairs - Shelter	8/29/19	3,825	546
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	538
215	2 Laptops for Outreach Staff	5/12/19	1,241	248
216	HP Pavilion Desktop I5 - Advocate Office	5/17/19	593	118
217	Acer Aspire Desktop i5 - Community Awareness	5/17/19	642	128
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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	704
<b>Total Other Depreciation</b>			<u>2,021,409</u>	<u>90,508</u>
<b>Total ACRS and Other Depreciation</b>			<u>2,021,409</u>	<u>90,508</u>
<b>Grand Totals</b>			<u>2,021,409</u>	<u>90,508</u>

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2021</b>
Description <b>Thrift Store Sales</b>		
Name <b>Georgia Mountain Women's Center, Inc</b>		Taxpayer Identification Number <b>58-1766060</b>

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.		<b>168,562</b>
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.	<b>5,886</b>	
5. Returns and allowances	5.		
6. Contributions received	6.		
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<b>174,448</b>	
8. Cost of Goods Sold	8.	<b>20,538</b>	
9. Employment Expense	9.	<b>69,419</b>	
10. Fees for services	10.		
11. Indirect Expense	11.	<b>56,180</b>	
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.	<b>785</b>	
14. Fundraising Expense	14.		
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<b>146,922</b>	
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<b>27,526</b>	

**Expense Details - Indirect Expense:**

Advertising and promotion	
Office	<b>5,371</b>
Printing/publication/postage	<b>416</b>
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	<b>49,448</b>
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	<b>945</b>
<b>Total Indirect Expense</b>	<b>56,180</b>

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	<b>710</b>
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	<b>75</b>
<b>Total Exempt Activity Expense</b>	<b>785</b>

**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	
<b>Total Fundraising Expense</b>	

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	<b>20,538</b>
Ending inventory	
<b>Total Cost of Goods Sold</b>	<b>20,538</b>

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	<b>64,345</b>
Pension plan contributions	
Other employee benefits	
Payroll taxes	<b>5,074</b>
<b>Total Employment Expense</b>	<b>69,419</b>

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

**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

**Allocation of Expense to Program Service Accomplishments:**

First	<b>126,384</b>
Second	
Third	
All other	

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2021</b>
Description <b>Dancing with Stars</b>		
Name <b>Georgia Mountain Women's Center, Inc</b>		Taxpayer Identification Number <b>58-1766060</b>

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.		<b>925</b>
2. Advertising income	2.		<b>7,200</b>
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		<b>4,249</b>
<b>7. Total revenue.</b> Add lines 1 through 6	<b>7.</b>		<b>12,374</b>
8. Cost of Goods Sold	8.		
9. Employment Expense	9.		
10. Fees for services	10.		<b>630</b>
11. Indirect Expense	11.		<b>2,840</b>
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		<b>1,717</b>
14. Fundraising Expense	14.		<b>2,993</b>
<b>15. Total expenses.</b> Add lines 8 through 14	<b>15.</b>		<b>8,180</b>
<b>16. Net Income/Loss.</b> Line 7 minus Line 15	<b>16.</b>		<b>4,194</b>

**Expense Details - Indirect Expense:**

Advertising and promotion	<b>245</b>
Office	
Printing/publication/postage	<b>2,595</b>
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
<b>Total Indirect Expense</b>	<b>2,840</b>

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Exempt Activity Expense:**

Repairs and Maintenance	
Bad debts	
Taxes/licenses	<b>1,544</b>
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	<b>173</b>
<b>Total Exempt Activity Expense</b>	<b>1,717</b>

**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	<b>2,993</b>
<b>Total Fundraising Expense</b>	<b>2,993</b>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
<b>Total Employment Expense</b>	

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	<b>630</b>
<b>Total Fees for Services</b>	<b>630</b>

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	

**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		

Form <b>990</b>	<b>Event Income and Deduction Worksheet</b>	<b>2021</b>
Description <b>Various Fundraisers</b>		
Name <b>Georgia Mountain Women's Center, Inc</b>		Taxpayer Identification Number <b>58-1766060</b>

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.		
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.	<b>14,010</b>	
7. <b>Total revenue.</b> Add lines 1 through 6	7.	<b>14,010</b>	
8. Cost of Goods Sold	8.		
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.	<b>1,302</b>	
15. <b>Total expenses.</b> Add lines 8 through 14	15.	<b>1,302</b>	
16. <b>Net Income/Loss.</b> Line 7 minus Line 15	16.	<b>12,708</b>	

**Expense Details - Indirect Expense:**

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

**Expense Details - Depreciation Expense:**

On investment property	
On non-investment property	
Amortization	
Depletion	
<b>Total Depreciation Expense</b>	

**Expense Details - Exempt Activity Expense:**

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

**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	<b>1,302</b>
<b>Total Fundraising Expense</b>	<b>1,302</b>

**Expense Details - Cost of Goods Sold:**

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
<b>Total Cost of Goods Sold</b>	

**Expense Details - Employment Expense:**

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
<b>Total Employment Expense</b>	

**Expense Details - Fees for Services:**

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
<b>Total Fees for Services</b>	

**Allocation of Expense to Program Service Accomplishments:**

First	
Second	
Third	
All other	

**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		



Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2020 &amp; 2021</b>
For calendar year 2021, or tax year beginning _____, ending _____		

Name

Taxpayer Identification Number

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

		2020	2021	Differences
<b>R e v e n u e</b>	1. Contributions, gifts, grants .....	1. 211,848	217,727	5,879
	2. Membership dues and assessments .....	2.		
	3. Government contributions and grants .....	3. 1,672,353	1,587,063	-85,290
	4. Program service revenue .....	4. 15,524	13,979	-1,545
	5. Investment income .....	5. 3,731	6,360	2,629
	6. Proceeds from tax exempt bonds .....	6.		
	7. Net gain or (loss) from sale of assets other than inventory .....	7. 1,077	7,719	6,642
	8. Net income or (loss) from fundraising events .....	8. 54,608	3,200	-51,408
	9. Net income or (loss) from gaming .....	9.		
	10. Net gain or (loss) on sales of inventory .....	10. 100,184	153,910	53,726
	11. Other revenue .....	11. 115		-115
	12. <b>Total revenue.</b> Add lines 1 through 11 .....	12. 2,059,440	1,989,958	-69,482
<b>E x p e n s e s</b>	13. Grants and similar amounts paid .....	13.		
	14. Benefits paid to or for members .....	14.		
	15. Compensation of officers, directors, trustees, etc. ....	15.		
	16. Salaries, other compensation, and employee benefits .....	16. 1,092,374	1,117,499	25,125
	17. Professional fundraising fees .....	17.		
	18. Other professional fees .....	18. 16,127	16,967	840
	19. Occupancy, rent, utilities, and maintenance .....	19. 102,627	115,278	12,651
	20. Depreciation and Depletion .....	20. 90,058	92,343	2,285
	21. Other expenses .....	21. 633,785	613,026	-20,759
	22. <b>Total expenses.</b> Add lines 13 through 21 .....	22. 1,934,971	1,955,113	20,142
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12 .....	23. 124,469	34,845	-89,624
<b>O t h e r I n f o r m a t i o n</b>	24. Total exempt revenue .....	24. 2,059,440	1,989,958	-69,482
	25. Total unrelated revenue .....	25.		
	26. Total excludable revenue .....	26. 120,631	181,968	61,337
	27. Total assets .....	27. 2,053,028	2,086,462	33,434
	28. Total liabilities .....	28. 85,194	71,237	-13,957
	29. Retained earnings .....	29. 1,967,834	2,015,225	47,391
	30. Number of voting members of governing body .....	30. 14	16	
	31. Number of independent voting members of governing body .....	31. 14	16	
	32. Number of employees .....	32. 43	44	
	33. Number of volunteers .....	33. 35	35	

Form <b>990</b>	<b>Tax Return History</b>	<b>2021</b>
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Name <b>Georgia Mountain Women's Center, Inc</b>	Employer Identification Number <b>58-1766060</b>
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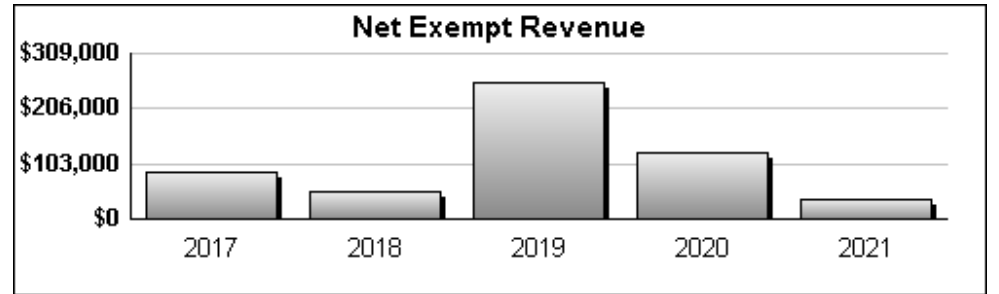
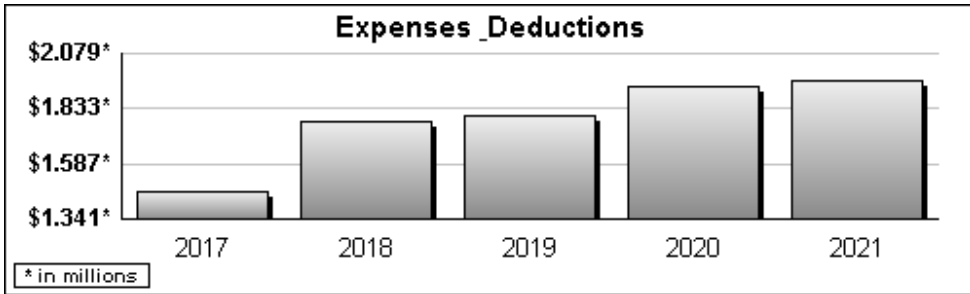
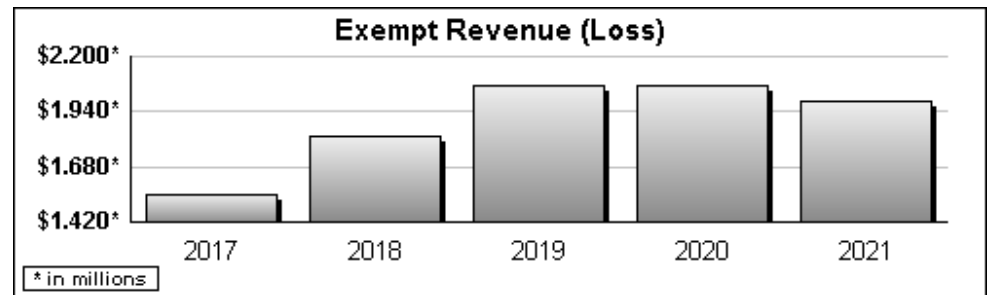
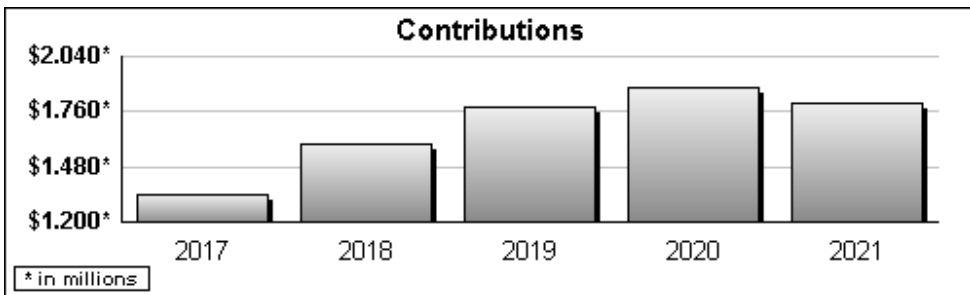
	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants .....	1,338,087	1,593,632	1,787,852	1,884,201	1,804,790	
Membership dues .....						
Program service revenue .....	23,892	16,906	20,275	15,524	13,979	
Capital gain or loss .....	3,280	5,241	4,573	1,077	7,719	
Investment income .....	1,254	1,535	2,608	3,731	6,360	
Fundraising revenue (income/loss) .....	34,791	64,979	88,893	54,608	3,200	
Gaming revenue (income/loss) .....						
Other revenue .....	150,127	143,674	155,087	100,299	153,910	
<b>Total revenue</b> .....	<b>1,551,431</b>	<b>1,825,967</b>	<b>2,059,288</b>	<b>2,059,440</b>	<b>1,989,958</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....						
Other compensation .....	807,138	854,949	979,319	1,092,374	1,117,499	
Professional fees .....	79,040	79,419	14,671	16,127	16,967	
Occupancy costs .....	63,778	65,100	95,430	102,627	115,278	
Depreciation and depletion .....		68,172	80,068	90,058	92,343	
Other expenses .....	513,916	709,050	635,537	633,785	613,026	
<b>Total expenses</b> .....	<b>1,463,872</b>	<b>1,776,690</b>	<b>1,805,025</b>	<b>1,934,971</b>	<b>1,955,113</b>	
<b>Excess or (Deficit)</b> .....	<b>87,559</b>	<b>49,277</b>	<b>254,263</b>	<b>124,469</b>	<b>34,845</b>	
<b>Total exempt revenue</b> .....	<b>1,551,431</b>	<b>1,825,967</b>	<b>2,059,288</b>	<b>2,059,440</b>	<b>1,989,958</b>	
Total unrelated revenue .....						
Total excludable revenue .....	178,553	167,356	182,543	120,631	181,968	
Total Assets .....	1,623,188	1,682,679	1,923,410	2,053,028	2,086,462	
Total Liabilities .....	105,195	130,048	100,913	85,194	71,237	
Net Fund Balances .....	1,517,993	1,552,631	1,822,497	1,967,834	2,015,225	

Form <b>990T</b>	<b>Tax Return History</b>	<b>2021</b>
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Name <b>Georgia Mountain Women's Center, Inc</b>	Employer Identification Number <b>58-1766060</b>
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\* Income shown net of expenses

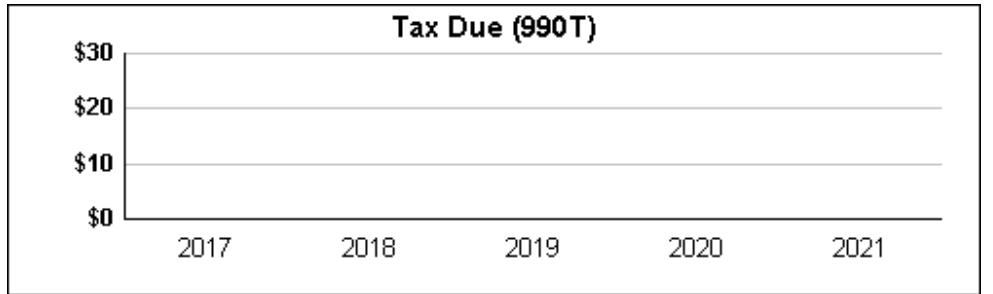
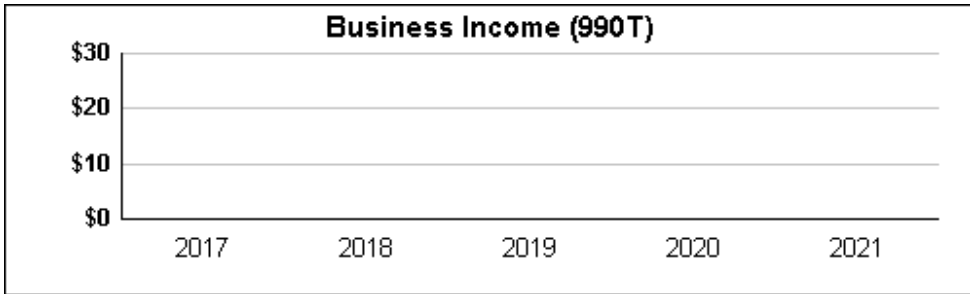
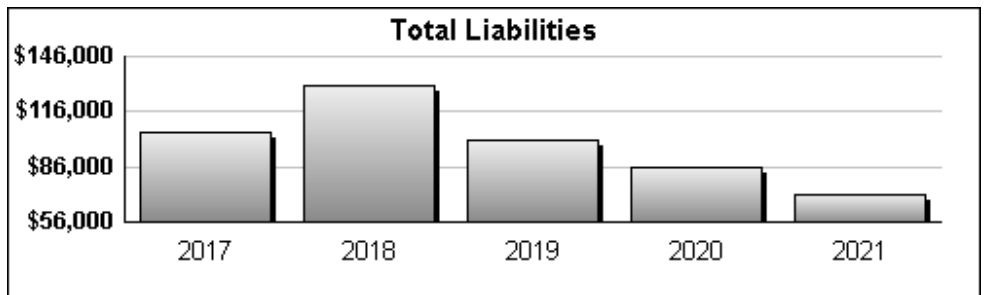
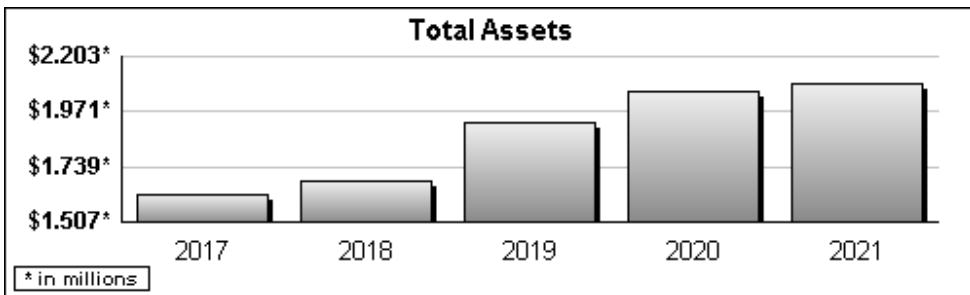
	2017	2018	2019	2020	2021	2022
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
<b>Total trade or business income.</b>						
Compensation of officers, ect.						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Form <b>990T</b>	<b>Tax Return History</b>	<b>2021</b>
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Name <b>Georgia Mountain Women's Center, Inc</b>	Employer Identification Number <b>58-1766060</b>
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	2017	2018	2019	2020	2021	2022
Other deductions .....						
Net income (first activity, year 2019 & prior)						
UBTI from all trades .....	0	0	0	0	0	
Charitable contributions .....						
Net operating loss deduction .....						
Specific deduction .....					1,000	
Section 199A deduction (trusts) .....						
Income after deductions .....						
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....						
Other payments .....	92					
<b>Balance due/Overpayment</b> .....	-92					



**Federal Statements**

**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Raymond James	\$ 6,360			14 GA		
Total	<u>\$ 6,360</u>					

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
Supplies	\$ 40,753	\$ 40,753	\$	\$
Client Needs	40,290	40,290		
Telephone	14,665	14,665		
Repairs and Maintenance	13,606	13,606		
Contract Services	12,040	12,040		
Rapid Rehousing	6,611	6,611		
Professional Development	5,313	5,313		
Dues and Subscriptions	4,975	4,975		
Equipment Rental	4,365	4,365		
Alternate Lodging	3,888	3,888		
Taxes/Licenses	1,544			1,544
Bank Charges	1,238		1,238	
Miscellaneous	740	740		
Repairs and Maintenance	710	710		
Licenses, Fees & Permits	575	575		
Shelter Security	300	300		
Shelter Furnishings	296	296		
PayPal Fees	173			173
Miscellaneous	75	75		
Total	<u>\$ 152,157</u>	<u>\$ 149,202</u>	<u>\$ 1,238</u>	<u>\$ 1,717</u>

**Federal Statements**

**Schedule A, Part II, Line 1(e)**

<u>Description</u>	<u>Amount</u>
Federated Campaigns	\$ 2,000
EIDL	10,061
Various State Grants	
Contributed Rent	4,680
Non Cash Contributions	28,094
Various Contributions	69,450
Habersham County United Way	
Cash Contribution	30,000
Stephens County United Wasy	
Cash Contribution	5,355
Department of Community Affairs	
Cash Contribution	103,896
Department of Family & Children Serv	
Cash Contribution	77,865
Georgia Housing & Financing Authorit	
Cash Contribution	126,251
Criminal Justice Coordinating Council	
Cash Contribution	1,262,643
Noa's Ark Inc	
Cash Contribution	6,347
Fidelity Charitable Gift Fund	
Cash Contribution	20,000
Johnson & Johnson	
Cash Contribution	8,489
Kevin Thurmond	
Cash Contribution	10,000
North Georgia Community Foundation	
Cash Contribution	11,400
The Sadler Family Foundation	
Cash Contribution	10,000
Dancing with Stars	
Cash Contribution	4,249
Various Fundraisers	
Cash Contribution	14,010
Total	<u>\$ 1,804,790</u>

## Federal Statements

### Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
Raymond James	\$ 6,360
Total	\$ <u>6,360</u>

### Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
Client Contributions	\$ 13,979
Thrift Store Sales	174,448
Dancing with Stars	8,125
Various Fundraisers	
Total	\$ <u>196,552</u>



**Federal Statements**

**Dancing with Stars**

**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Outside Services	\$ 2,674
Supplies	319
Total	<u>\$ 2,993</u>

**Federal Statements**

**Various Fundraisers**

**Other Direct Fundraising or Gaming Expenses**

<u>Description</u>	<u>Amount</u>
Supplies	\$ 1,302
Total	\$ <u>1,302</u>