

Form **990**Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation), section 527, or section 4947(a)(1) nonexempt charitable trust

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2000Open to Public
Inspection

A For the 2000 calendar year, or tax year period beginning 7/01/00, and ending 6/30/01

B Check if applicable:
☐ Change of address
☐ Change of name
☐ Initial return
☐ Final return
☐ Amended return

Please use IRS label or print or type
See Specific Instructions

C Name of organization
Goodwill Industries of Middle Georgia, Inc.

Number and street (or P O box if mail is not delivered to street address) Room/suite
688 Walnut Street, Suite 200

City or town state or country and ZIP code
Macon GA 31201

D Employer ID number
58-1249683

E Telephone number
478-755-1065

F Check ☐ if application pending

G Org type (check only one) ☒ 501(c) (3) ☐ 527 or ☐ 4947(a)(1)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify)

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS but if the organization received a Form 990 Package in the mail it should file a return without financial data. Some states require a complete return.

Note: H and I are not applicable to section 527 orgs.
H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) If "Yes" enter number of affiliates ☐ Yes ☐ No
H(c) Are all affiliates included? ☐ Yes ☐ No (If "No" attach a list. See instr.)
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No
I Enter 4-digit group exemption no (GEN) ☐
L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ) ☐

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

R e v e n u e	1	Contributions, gifts, grants, and similar amounts received					
	a	Direct public support	1a	4,401,359			
	b	Indirect public support	1b				
	c	Government contributions (grants)	1c	1,758,044			
	d	Total (add lines 1a through 1c) (cash \$ <u>6,040,362</u> noncash \$ <u>119,041</u>)	1d	6,159,403			
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	7,980,452			
	3	Membership dues and assessments	3				
	4	Interest on savings and temporary cash investments	4	74,542			
	5	Dividends and interest from securities	5				
	6a	Gross rents	6a				
	b	Less rental expenses	6b				
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c				
E x p e n d i t u r e s	7	Other investment income (describe)	7				
	8a	Gross amount from sales of assets other than inventory	(A) Securities	15,000	8a	(B) Other	268,950
	b	Less cost or other basis and sales expenses	17,171	8b	418,220		
	c	Gain or (loss) (attach schedule)	-2,171	8c	-149,270		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	See Stmt 1	See Stmt 2	8d	-151,441	
	9	Special events and activities (attach schedule)					
	a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a				
	b	Less direct expenses other than fundraising expenses	9b				
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c				
	10a	Gross sales of inventory, less returns and allowances	10a				
	b	Less cost of goods sold	10b				
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c				
	11	Other revenue (from Part VII line 103)	11	126,752			
	12	Total revenue (add lines 1a, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	14,189,708			
	13	Program services (from line 24 column (B))	13	12,179,821			
	14	Management and general (from line 44 column (C))	14	1,454,454			
	15	Fundraising (from line 44 column (D))	15	282,056			
	16	Payments to affiliates (attach schedule)	16				
	17	Total expenses (add lines 16 and 44 column (A))	17	13,916,331			
N e t a s s e t s	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	273,377			
	19	Net assets or fund balances at beginning of year (from line 73 column (A))	19	3,066,873			
	20	Other changes in net assets or fund balances (attach explanation)	20	642,016			
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	3,982,266			

See Stmt 3

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 20.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals	23				
24 Benefits paid to or for members	24				
25 Compensation of officers, directors, etc	25				
26 Other salaries and wages	26	7,163,231	6,317,422	691,926	153,883
27 Pension plan contributions	27				
28 Other employee benefits	28	1,092,823	954,539	113,455	24,829
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	609,009	562,116	38,762	8,131
34 Telephone	34	301,841	215,812	76,743	9,286
35 Postage and shipping	35	22,236	5,818	11,347	5,071
36 Occupancy	36	934,724	819,430	115,294	
37 Equipment rental and maintenance	37	39,353	34,667	3,231	1,455
38 Printing and publications	38	61,363	27,907	11,846	21,610
39 Travel	39	148,048	121,251	15,902	10,895
40 Conferences, conventions and meetings	40	57,726	19,430	22,777	15,519
41 Interest	41	72,262	64,801	7,461	
42 Depreciation depletion etc (att sch)	42	562,223	500,287	59,396	2,540
43 Other expenses (itemize) a	43a				
b See Statement 4	43b	2,851,492	2,536,341	286,314	28,837
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	13,916,331	12,179,821	1,454,454	282,056

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ▶ ☐ Yes ☒ No

If "Yes" enter (i) the aggregate amount of these joint costs \$ _____ (ii) the amount allocated to Program services \$ _____
 (iii) the amount allocated to Management and general \$ _____ and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 23)

What is the organization's primary exempt purpose?

▶ See Statement 5

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others.)

a See Statement 6

(Grants and allocations \$ _____) **12,179,821**

b

(Grants and allocations \$ _____)

c

(Grants and allocations \$ _____)

d

(Grants and allocations \$ _____)

e Other program services (attach schedule)

(Grants and allocations \$ _____)

f Total of Program Service Expenses (should equal line 44 column (B) Program services)

▶ **12,179,821**

Part IV Balance Sheets (See Specific Instructions on page 23)

Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year		(B) End of year
45	Cash-non-interest-bearing	5,999	45	10,055
46	Savings and temporary cash investments	348,190	46	543,082
47a	Accounts receivable	1,204,032		
b	Less allowance for doubtful accounts	16,270	47c	1,187,762
48a	Pledges receivable			
b	Less allowance for doubtful accounts	27,346	48c	
49	Grants receivable	64,994	49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule) See Worksheet	53,107	50	56,013
51a	Other notes and loans receivable (attach schedule)			
b	Less allowance for doubtful accounts		51c	
52	Inventories for sale or use	600,094	52	333,732
53	Prepaid expenses and deferred charges	158,809	53	40,758
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments-land, buildings, and equipment basis			
b	Less accumulated depreciation (attach schedule)		55c	
56	Investments-other (attach schedule) See Stmt 7	334,067	56	383,776
57a	Land, buildings, and equipment basis	5,344,658		
b	Less accumulated depreciation (attach schedule) See Stmt 8	1,735,464	57c	3,609,194
58	Other assets (describe See Stmt 9)	221,220	58	45,456
59	Total assets (add lines 45 through 58) (must equal line 74)	4,631,866	59	6,209,828
60	Accounts payable and accrued expenses	877,329	60	1,256,477
61	Grants payable		61	
62	Deferred revenue		62	21,636
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule) See Worksheet		64b	857,036
65	Other liabilities (describe See Stmt 10)	687,664	65	92,413
66	Total liabilities (add lines 60 through 65)	1,564,993	66	2,227,562
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
67	Unrestricted	3,039,525	67	3,755,302
68	Temporarily restricted	27,348	68	226,964
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72 column (A) must equal line 19 and column (B) must equal line 21)	3,066,873	73	3,982,266
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	4,631,866	74	6,209,828

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Form 990 (2000) **Goodwill Industries****58-1249683**Page **4**

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25)		Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a Total revenue gains and other support per audited financial statements ▶	a	a Total expenses and losses per audited financial statements ▶	a
	14,321,482		14,152,646
b Amounts included on line a but not on line 12, Form 990		b Amounts included on line a but not on line 17 Form 990	
(1) Net unrealized gains on investments \$		(1) Donated services and use of facilities \$ 54,875	
(2) Donated services and use of facilities \$ 54,875		(2) Prior year adjustments reported on line 20 Form 990 \$	
(3) Recoveries of prior year grants \$		(3) Losses reported on line 20, Form 990 \$ 104,541	
(4) Other (specify)		(4) Other (specify)	
\$		See Stmt 12	
Add amounts on lines (1) through (4) ▶	54,875	\$ 76,899	
	54,875	Add amounts on lines (1) through (4) ▶	236,315
c Line a minus line b ▶	14,266,607	c Line a minus line b ▶	13,916,331
d Amounts included on line 12, Form 990 but not on line a		d Amounts included on line 17, Form 990 but not on line a	
(1) Investment expenses not included on line 6b, Form 990 \$		(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify)		(2) Other (specify)	
See Stmt 11		\$	
\$ -76,899		Add amounts on lines (1) and (2) ▶	
Add amounts on lines (1) and (2) ▶	-76,899	d	
e Total revenue per line 12, Form 990 (line c plus line d) ▶	14,189,708	e Total expenses per line 17, Form 990 (line c plus line d) ▶	13,916,331

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated see Specific Instructions on page 25)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
James K. Stiff 688 Walnut St., Macon, Ga 31201	CEO 40	171,923	15,019	702
Kristina M. Taylor 688 Walnut St., Macon, Ga 31201	Dir. of Acct 40	48,962	2,794	0
See attached list.		0	0	0

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations of which more than \$10,000 was provided by the related organizations?
If "Yes" attach schedule-see Specific Instructions on page 26

▶ ☐ Yes ☒ No

Form 990 (2000) **Goodwill Industries****58-1249683**Page **5****Part VI Other Information (See Specific Instructions on page 26)**

	N/A	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes" attach a conformed copy of the changes	77		X
78a Did the organization have unrelated business gross inc. of \$1 000 or more during the year covered by this return?	78a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc. to any other exempt or nonexempt organization?	80a	X	
b If "Yes," enter the name of the organization ► Good Vocations and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		
b Did the organization file Form 1120-POL for this year?	81b		X
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions for reporting in Part III.)	82b		54,875
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A		
85 501(c)(4), (5), or (6) organizations: a Were substantially all dues nondeductible by members?	N/A		
b Did the organization make only in-house lobbying expenditures of \$2 000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A		
c Dues, assessments, and similar amounts from members	85c		
d Section 162(e) lobbying and political expenditures	85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A		
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a		
b Gross receipts included on line 12 for public use of club facilities	86b		
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89a 501(c)(3) organizations: Enter Amount of tax imposed on the organization during the year under section 4911 ► 0 , section 4912 ► 0 , section 4955 ► 0			
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ► 0			
90a List the states with which a copy of this return is filed ► GA			
b Number of employees employed in the pay period that includes March 12, 2000 (See instructions)	90b		388
91 The books are in care of ► Kristina M. Taylor Located at ► 688 Walnut Street, Suite 200 Macon, GA			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 92			

Telephone no **► 478-755-1065**
ZIP code **► 31201**

Form 990 (2000) **Goodwill Industries****58-1249683**Page **6****Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 30.)

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by sec 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Program Service Revenue					7,980,452
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	74,542	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					-151,441
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b Other Revenue					126,752
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		74,542	7,955,763
105 Total (add line 104, columns (B), (D), and (E))					8,030,305

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 31.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93b	Fees and contract services from government agencies were generated from activities that were directly related to client services by providing vocational evaluation work. See Statement 13.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 31.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 31.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No**Note** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Including accompanying schedules and statements, and to the best of my knowledge or belief, the information furnished on this return is true and correct, and I am not aware of any information that would require the filing of any additional schedules or statements.

1-2-15-02

Date

Krishna M. Taylor,
Director of Accounting

Type or print name and title

SCHEDULE A
(Form 990 or 990-EZ)**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

OMB No. 1545-0047

2000Department of the Treasury
Internal Revenue Service▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**Goodwill Industries
of Middle Georgia, Inc.**

Employer identification number

58-1249683**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben. plans & deferred compensation	(e) Expense account and other allowances
Wendi L. Copeland Macon, Georgia	VP-Car. Dvlp 40	86,462	9,767	3,174
Henry Senn Macon, Georgia	Dir-Contract 40	61,173	6,151	1,466
Meredith B. Vasquez Macon, Georgia	Dir - Mktg. 40	58,685	6,135	0
W. G. Parrish Macon, Georgia	Sr. Op. Mgr. 40	56,064	1,693	0
Laine E. Dreher Macon, Georgia	Dir - HR 40	53,269	5,689	0
Total number of other employees paid over \$50 000 ▶	1			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 1 of the instr List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$ 50 000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50 000 for professional services ▶		

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2000

Part III Statements About Activities

		Yes	No
1 During the year has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum?			X
If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ➤ _____			
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2 During the year has the organization either directly or indirectly, engaged in any of the following acts with any of its trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary?			
a Sale, exchange, or leasing of property?	See Stmt 14	X	
b Lending of money or other extension of credit?	See Stmt 15	X	
c Furnishing of goods, services, or facilities?	See Stmt 16	X	
d Payment of compensation (or payment or reimbursement of exp. if more than \$1,000)?			X
e Transfer of any part of its income or assets?			X
If the answer to any question is "Yes," attach a detailed statement explaining the transactions.			
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?			X
4a Do you have a section 403(b) annuity plan for your employees?		X	
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments. (See pg. 2 of the instr.)			

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V, page 5.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **➤**
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☐ 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 charitable etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6) if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting

Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or FY beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, & contrb received (Do not incl unusual grants. See line 28.)	2,592,054	2,633,942	649,729	539,648	6,415,373
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a busn unrelated to the organization's charitable etc purpose	7,532,399	938,954	2,047,924	1,768,282	12,287,559
18 Gross inc from int dividends, amounts received from pymt on securities loans (section 512(a)(5)), rents, royalties & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975	59,627				59,627
19 Net income from unrelated business activities not included in line 18	122,000	29,423	46,821	23,388	221,632
20 Tax revenues levied for the organization's ben & either paid to it or expended on its behalf					
21 The value of services or facs furnished to the org by a governmental unit without charge. Do not incl the value of serv or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of cap assets.					
23 Total of lines 15 through 22	10,306,080	3,602,319	2,744,474	2,331,318	18,984,191
24 Line 23 minus line 17	2,773,681	2,663,365	696,550	563,036	6,696,632
25 Enter 1% of line 23	103,061	36,023	27,445	23,313	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				
				26a	133,933
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.				26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e).				26c	6,696,632
d Add Amounts from column (e) for lines	18	59,627	19	221,632	
	22		26b		
e Public support (line 26c minus line 26d total)				26d	281,259
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26e	6,415,373
				26f	95.8000%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," attach a list (which is not open to public inspection) to show the name of and total amounts received in each year from, each year from, each "disqualified person." Enter the sum of such amounts for each year.				
	(1999)	(1998)	(1997)	(1996)	N/A
b For any amount included in line 17 that was received from a nondisqualified person, attach a list to show the name of and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.					N/A
	(1999)	(1998)	(1997)	(1996)	
c Add Amounts from column (e) for lines	15		16		
	17	20	21		
d Add Line 27a total and line 27b total					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).				27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h	%
28 Unusual Grants. For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instr.)					

Part V Private School Questionnaire (See page 5 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 7 of the instructions)(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

- Check here **a** ☐ if the organization belongs to an affiliated group
- Check here **b** ☐ if you checked "a" above and "limited control" provisions apply

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table-		
If the amount on line 40 is-		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is-		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44 you must file Form 4720**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below)

See the instructions for lines 45 through 50 on page 9 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 9 of the instr)

N/A

During the year did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials or a legislative body
- h Rallies, demonstrations, seminars conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h)

Yes	No	Amount

If "Yes" to any of the above also attach a statement giving a detailed description of the lobbying activities

Part VII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 9 of the instructions)
-----------------	--

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of

(1) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d. If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► ☒ Yes ☐ No

b. If "Yes," complete the following schedule

[illegible]

Schedule B
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

2000**Name of organization****Goodwill Industries
of Middle Georgia, Inc.****Employer identification number****58-1249683****Organization type (check one)-** Section ☒ 501(c)(**3**) (enter number) ☐ 527 or ☐ 4947(a)(1) nonexempt charitable trust**A Section 501(c)(7), (8), or (10) organizations-**Check this box if the organization had **no** General charitable contributors who contributed more than \$1,000 during the year (But see rule below) ▶ ☐Enter here the total gifts received during the year for a religious, charitable, etc., purpose ▶ \$**Note** This form is generally not open to public inspection except for section 527 organizations

Schedule B (Form 990 or 990-EZ) (2000)

Page 1 to 1 of Part I

Name of organization

Goodwill Industries

Employer identification number

58-1249683

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ 250,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>2</u>		\$ 119,041	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if a noncash contribution)
<u>3</u>		\$ 5,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>4</u>		\$ 10,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Name of organization

Employer identification number

Goodwill Industries**58-1249683****Part II Noncash Property**

(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
<u>2</u>		\$ 119,041	<u>10/30/00</u>
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	—
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	—
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	—
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	—
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	—
(a) No from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—		\$	—

Form 990	Receivables Due from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons	2000
For calendar year 2000, or tax year beginning 7/01/00 and ending 6/30/01		
Name Goodwill Industries of Middle Georgia, Inc.		Employer Identification Number 58-1249683

Form 990, Part IV, Line 50 - Additional Information

Name of borrower	Title
(1) James K. Stiff	CEO
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 50,000	5/20/99		On demand	5.280
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) None	Relocation
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	53,107	56,013	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	53,107	56,013	

Mortgages and Other Notes PayableForm **990****2000**

For calendar year 2000 or tax year beginning

7/01/00

and ending

6/30/01

Name

**Goodwill Industries
of Middle Georgia, Inc.**

Employer Identification Number

58-1249683**Form 990, Part IV, Line 64b - Additional Information**

Name of lender	Relationship to disqualified person
(1) SunTrust Bank	
(2) Wachovia Bank	
(3) NISH	
(4) BB & T	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	10/24/95	1/31/06	monthly installments	7.500
(2)		9/01/01	monthly installments	7.750
(3)		8/15/01	quarterly installments	
(4) 438,186	4/30/01	10/01/01	One payment	6.750
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) Land & buildings	Purchase facility
(2) Vehicle	Purchase of 1996 truck
(3) Inventory	Custodial supplies
(4) Building and land	Purchase and improve facility
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		413,265
(2)		1,418
(3)		4,167
(4)		438,186
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals		857,036

Federal Statements

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Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other than Inventory-Securities

Desc			How Rec'd		Whom Sold	
	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/-Loss
Sale of marketable securities			Purchase			
Various	Various		\$ 15,000	\$ 17,171	\$	\$ -2,171
Total			\$ 15,000	\$ 17,171	\$ 0	\$ -2,171

Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other than Inventory-Other

Desc			How Rec'd		Whom Sold	
	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/-Loss
Sale of 2654 Houston Avenue			Purchase			
Various	8/17/00		\$ 268,950	\$ 418,220	\$	\$ -149,270
Total			\$ 268,950	\$ 418,220	\$ 0	\$ -149,270

Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
Prior period adjustment	\$ 746,557
Unrealized depreciation	-112,597
GAAP adjustment for unrealized gain previously recognized in prior year	8,056
Total	\$ 642,016

Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
Indirect Expense	\$	\$	\$	\$
Professional fees & services	330,635	251,255	78,809	571
Bank charges	107,926	73,674	34,142	110
Goods purchased for resale	938,541	938,541		
Computer equipment & software	61,066	49,212	7,899	3,955
Commercial insurance	95,624	86,975	8,649	
Taxes, licenses & fees	60,386	59,907	467	12
Building & property maint.	134,369	133,863	506	
Utilities	435,636	435,636		
Security services	63,123	62,449	674	
Advertising-recruiting	16,005	9,149	5,919	937
Advertising-promotion	72,962	54,272	545	18,145
Vehicle expense	268,526	256,239	11,703	584
Client transportation	5,594	5,594		
Dues	108,494	5,325	99,927	3,242
Pre-employment screening test	49,323	48,383	801	139

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Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses (continued)

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
Employee relations	\$ 40,088	\$ 2,660	\$ 37,108	\$ 320
Employee uniforms	8,746	8,630	116	
Donated vehicle expense	16,951	16,951		
Bad debt expense/recovery	8,286	18,231	-9,945	
Miscellaneous	29,211	19,395	8,994	822
Total	<u>\$ 2,851,492</u>	<u>\$ 2,536,341</u>	<u>\$ 286,314</u>	<u>\$ 28,837</u>

Statement 5 - Form 990, Part III - Organization's Primary Exempt Purpose

To serve individuals with disabilities and other special needs by providing rehabilitation services, training, employment, and other opportunities to those individuals.

Statement 6 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

During the year, the Organization reported on the number of individuals that

Received Vocational Assessment	263
Participated in Work Adjustment Training	100
Served in Transitional Sheltered Employment	124
Were served by the Job Connection	38,556
Participated in Job Placement Services	4,416

Statement 7 - Form 990, Part IV, Line 56 - Other Investments

Description	Beginning of Year	End of Year	Basis of Valuation
Mutual funds-equity securities	\$ 160,329	\$ 202,394	Market
Mutual funds-bonds	173,738	181,382	Market
Total	<u>\$ 334,067</u>	<u>\$ 383,776</u>	

Statement 8 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
Buildings & Improvements	\$ 830,085	\$ 192,656	\$ 1,198,156	\$ 119,437
Computers			594,477	293,349
Furniture & Fixtures	457,034	117,395	672,448	238,257
Land	408,162		428,162	
Leasehold improvements	547,684	44,008	876,363	212,686

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Statement 8 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment (continued)

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
Machinery & Equipment	\$ 782,609	\$ 452,991	\$ 807,645	\$ 445,071
Vehicles	415,789	204,789	767,407	426,664
Total	\$ 3,441,363	\$ 1,011,839	\$ 5,344,658	\$ 1,735,464

Statement 9 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
Other	\$ 10,723	\$ 10,723
Intercompany receivables	210,497	34,733
Total	\$ 221,220	\$ 45,456

Statement 10 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
Refundable advance	\$ 687,664	62,976
Capital lease payable-net of current		29,437
Total	\$ 687,664	\$ 92,413

Statement 11 - Form 990, Part IV-A - Other Revenue Included on Return

Description	Amount
Interest income	\$ 74,542
Loss on sale of property	-149,270
Loss on sale of security	-2,171
Total	\$ -76,899

Statement 12 - Form 990, Part IV-B - Other Expenses Included in Financial Statements

Description	Amount
Investment income/loss reported in Revenue section, page 1	\$ -72,371
Loss on asset disposal reported in Revenue section, page 1	149,270
Total	\$ 76,899

Federal Statements

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Statement 13 - Form 990, Part VIII - Relationship of Activities

Line No

Description

adjustment services and sheltered employment for clients.
To retain the government contract, 75% of the direct labor
hours must be performed by persons with severe
disabilities.

Statement 14 - Schedule A, Part III, Question 2a - Sale, Exchange, or Lease of Property

Member of the Board of Directors is a partner of an entity that leases
property to the Organization at fair market rental value. For the year
ended June 30, 2001, \$28,704 was paid to the partnership for rent, taxes,
and insurance.

Statement 15 - Schedule A, Part III, Question 2b - Lending of Money

A member of management has a note receivable with the Organization which
has an unpaid balance as of June 30, 2001 of \$56,013. The note, dated
May 20, 1999 is a demand note in the original amount of \$50,000 with a
stated interest rate of 5.28% per annum.

Statement 16 - Schedule A, Part III, Question 2c - Furnishing of Goods

A member of the Board of Directors has an equity interest in an entity,
which assists the Organization with its investment transactions. The
investment transactions were approved in accordance with the bylaws of the
Organization

A member of the Board of Directors provides legal services to the
Organization and received \$5,449 for legal services

Goodwill Industries of Middle Georgia, Inc
58 1249683
June 30, 2001

Form 990, Part IV, Page 3, Line 57 - Land, buildings & equipment and accumulated depreciation

<u>Description</u>	<u>Cost</u>	<u>Method of Depreciation</u>	<u>Depreciation 6/30/2001</u>	<u>Accumulated Depreciation 6/30/2001</u>	<u>Book Value</u>
Buildings & Improvements	\$ 1,198,156	SL - 5,7,10,15,30, 40,60 years	\$ 41,055	\$ 119,437	\$ 1,078,719
Computers & Software	594,477	SL - 3,5 years	127,478	293,349	301,128
Furniture & Fixtures	672,448	SL - 5,7,8,10,30 yrs	77,143	238,257	434,191
Land	428,162				428,162
Leasehold improvements	876,363	SL - 2,3,3 5,4,5,7,8, 8 5,10,11,11 5, 15,30,40 years	88,935	212,686	663,677
Machinery & Equipment	807,645	SL - 2,3,5,7,10,30 yrs	100,587	445,071	362,574
Vehicles	<u>767,407</u>	<u>SL - 2,5,10 years</u>	<u>133,297</u>	<u>426,664</u>	<u>340,743</u>
	<u>\$ 5,344,658</u>		<u>\$ 568,495</u>	<u>\$ 1,735,464</u>	<u>\$ 3,609,194</u>

Goodwill Industries of Middle Georgia, Inc
58-1249683
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees
June 30, 2001

<u>Name and Address</u>	<u>Title & No Hrs Worked</u>	<u>Compensation</u>
Dr William Oliver 2045 Vineville Avenue Macon, Georgia 31204	Chairman 0	0
Dennis Dorsey 204 Spring Street Macon, Georgia 31201	Vice-Chairman 0	0
Dr Anne Gormly GA College & State Univ Campus Box 24 Milledgeville, Georgia 31061	Vice-Chairman 0	0
Bob Lovett 3608 Vineville Avenue Macon, Georgia 31204	Secretary 0	0
Clay Murphey P O. Box 18101 Macon, Georgia 31209	Treasurer 0	0
Randy Griffin 1633 Wesleyan Drive Macon, Georgia 31210	0	0
Jerry Arceneaux 100 Riverwood Intl. Pkwy. Macon, Georgia 31206	0	0
Michael Boggs 360 Hospital Dr , Suite 230 Macon, Georgia 31217	0	0
Jim Bosserman 4520 Broadway Macon, Georgia 31213	0	0

Goodwill Industries of Middle Georgia, Inc
58-1249683
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees
June 30, 2001

<u>Name and Address</u>	<u>Title & No Hrs Worked</u>	<u>Compensation</u>
Eugene Dunwoody, Jr 1328 Old Forsyth Road Macon, Georgia 31202	0	0
Tiena Fletcher 133 Stewart Avenue Warner Robins, Georgia 31093	0	0
Gena Franklin 4760 Forsyth Road Macon, Georgia 31297	0	0
William Hannah 1213 Riverside Drive Macon, Georgia 31201	0	0
Broadus Marshall, Jr. 2080 Ingleside Avenue Macon, Georgia 31204	0	0
Jonathan Martin II 577 Mulberry St., Suite 710 Macon, Georgia 31210	0	0
George McCommon 6885 Colaparchee Road Macon, Georgia 31210	0	0
Adam Milani 1021 Georgia Avenue Macon, Georgia 31207	0	0
Kathy Love 80 Cohen Walker Drive Warner Robins, Georgia 31088	0	0

Goodwill Industries of Middle Georgia, Inc
58-1249683
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees
June 30, 2001

<u>Name and Address</u>	<u>Title & No Hrs Worked</u>	<u>Compensation</u>
Vickie Scott P.O Box 6157 Macon, Georgia 31208	0	0
Stephen Simpson 3920 Arkwright Rd , Suite 105 Macon, Georgia 31210	0	0
Ron Smith 216 Falcon Crest Warner Robins, Georgia 31088	0	0
Earl Spivey P O Box 430 Byron, Georgia 31008	0	0
Janis Wiggins 650 Russell Parkway Warner Robins, Georgia 31088	0	0
Raymond Smith, Jr 4001 Vineville Avenue Macon, Georgia 31210	0	0
Bruce Clark 1205 Watson Blvd. Warner Robins, Georgia 31093	0	0

Form **8868**
(December 2000)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II on page 2 of this form

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed

Form 8868

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only ☒

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization Goodwill Industries of Middle Georgia, Inc.	Employer identification number 58-1249683
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions 688 Walnut Street 200	
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions Macon GA 31201	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-month for 990-T corporation) extension of time until 2/15/02 to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ▶ ☐ calendar year _____ or
- ▶ ☒ tax year beginning 7/01/00 and ending 6/30/01

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____

- c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Georgia Hilde Title ▶ CPA

Date ▶ 11-6-01

For Paperwork Reduction Act Notice, see instruction

Form 8868 (12-2000)