

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2002 calendar year, or tax year beginning 7/01/02, and ending 6/30/03**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

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)

688 Walnut Street Suite

Room/suite

200

City or town, state or country, and ZIP + 4

Macon**GA 31201****D** Employer ID number**58-1249683****E** Telephone number**478-755-1065****F** Accounting method: ☐ Cash☒ Accrual ☐ Other (specify)

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter no. of affiliates **▶****H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," att 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 GEN **▶****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**G** Web site: **▶****J** Organization type(check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**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.**Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **▶** 13,504,219**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.)****1** Contributions, gifts, grants, and similar amounts received:**a** Direct public support**1a** 5,545,564**b** Indirect public support**1b****c** Government contributions (grants)**1c** 536,979**d** Total (add lines 1a through 1c) (cash \$ 1,375,498 noncash \$ 4,707,045)**1d** 6,082,543**2** Program service revenue including government fees and contracts (from Part VII, line 93)**2** 7,190,382**3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4** 4,191**5** Dividends and interest from securities**5** 12,686**6a** Gross rents**6a****b** Less: rental expenses**6b****c** Net rental income or (loss) (subtract line 6b from line 6a)**6c****7** Other investment income (describe)**7****8a** Gross amount from sales of securities other than inventory

(A) Securities

(B) Other

8a847**b** Less: cost or other basis and sales expenses**8b****c** Gain or (loss) (attach schedule)**8c**847**d** Net gain or (loss) (combine line 8c, columns (A) and (B))See Stmt 1**8d** 847**9** Special events and activities (attach schedule)**a** Gross revenue (not including \$ _____ of contributions reported on line 1a)**9a**25,338**b** Less: direct expenses other than fundraising expenses**9b**9,089**c** Net income or (loss) from special events (subtract line 9b from line 9a)**9c**16,249**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** 188,232**12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12** 13,495,130**E** **13** Program services (from line 44, column (B))**13** 11,039,591**14** Management and general (from line 44, column (C))**14** 2,230,721**15** Fundraising (from line 44, column (D))**15** 263,326**16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 13 and 14, column (A))**17** 13,533,638**A** **18** Excess or (deficit) for the year (subtract line 17 from line 12)**18** -38,508**N** **19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** 3,429,501**20** Other changes in net assets or fund balances (attach explanation)See Stmt 2**20** 13,970**21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21** 3,404,963

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2002)

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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 page 21 of the instructions.)

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	6,535,891	5,436,715	1,014,183
27 Pension plan contributions	27			
28 Other employee benefits	28	1,349,684	1,160,520	177,591
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33	320,424	286,259	32,840
34 Telephone	34	194,430	123,570	69,621
35 Postage and shipping	35	22,378	9,482	11,766
36 Occupancy	36	1,746,343	1,476,195	231,811
37 Equipment rental and maintenance	37	35,874	26,534	9,340
38 Printing and publications	38	42,613	15,028	16,633
39 Travel	39	92,627	63,202	24,202
40 Conferences, conventions, and meetings	40	29,881	8,629	13,043
41 Interest	41	21,514	5,563	15,951
42 Depreciation, depletion, etc. (attach schedule)	42	625,349	561,731	60,606
43 Other expenses not covered above (itemize): a b See Statement 3 c d e	43a 43b 43c 43d 43e	 2,516,630 	 1,866,163 	 553,134
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	13,533,638	11,039,591	2,230,721

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

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 page 24 of the instructions.)

What is the organization's primary exempt purpose?

▶ **See Statement 4**

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) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

a See Statement 5	(Grants and allocations \$ _____)	11,039,591
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)		11,039,591

Part IV Balance Sheets (See page 24 of the instructions.)

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	9,100	45	27,437
46	Savings and temporary cash investments	237,729	46	
47a	Accounts receivable	593,912		
b	Less: allowance for doubtful accounts	90,517	47c	503,395
48a	Pledges receivable	68,535		
b	Less: allowance for doubtful accounts	54,931	48c	68,535
49	Grants receivable		49	178,652
50	Receivables from officers, directors, trustees, and key employees (attach schedule) See Worksheet	53,464	50	
51a	Other notes and loans receivable (attach schedule)			
b	Less: allowance for doubtful accounts		51c	
52	Inventories for sale or use	314,286	52	352,127
53	Prepaid expenses and deferred charges	173,175	53	254,312
54	Investments-securities See Stmt 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	336,799	54	363,455
55a	Investments-land, buildings, and equipment: basis			
b	Less: accumulated depreciation (attach schedule)		55c	
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment: basis	8,537,417		
b	Less: accumulated depreciation (attach schedule) See Stmt 7	2,962,207	57c	5,575,210
58	Other assets (describe See Stmt 8)	388,414	58	139,733
59	Total assets (add lines 45 through 58) (must equal line 74)	5,819,310	59	7,462,856
60	Accounts payable and accrued expenses	1,010,784	60	936,609
61	Grants payable		61	
62	Deferred revenue	4,548	62	
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	1,153,654	64b	2,986,932
65	Other liabilities (describe See Stmt 9)	220,823	65	134,352
66	Total liabilities (add lines 60 through 65)	2,389,809	66	4,057,893
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	3,142,008	67	3,237,664
68	Temporarily restricted	287,493	68	167,299
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, column (B) must equal line 21)	3,429,501	73	3,404,963
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	5,819,310	74	7,462,856

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.

Part IV-A	Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 26 of the instructions.)
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Part IV-B	Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
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a	Total revenue, gains, & other support per audited financial statements ▶	a	13,690,395	a	Total expenses and losses per audited financial statements ▶	a	13,714,933
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 \$ 13,970			(1)	Donated services and use of facilities \$ 172,205		
(2)	Donated services and use of facilities \$ 172,205			(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Recoveries of prior year grants \$			(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):			(4)	Other (specify):		
	\$				See Stmt 11		
	Add amounts on lines (1) through (4) ▶	b	186,175		\$ 9,090		
c	Line a minus line b ▶	c	13,504,220		Add amounts on lines (1) through (4) ▶	b	181,295
d	Amounts included on line 12, Form 990 but not on line a:			c	Line a minus line b ▶	c	13,533,638
(1)	Investment expenses not included on line 6b, Form 990 \$			d	Amounts included on line 17, Form 990 but not on line a:		
(2)	Other (specify):			(1)	Investment expenses not included on line 6b, Form 990 \$		
	See Stmt 10			(2)	Other (specify):		
	\$ -9,090				\$		
	Add amounts on lines (1) and (2) ▶	d	-9,090		Add amounts on lines (1) and (2) ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	13,495,130	e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	13,533,638

Part V **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 26 of the instructions.)

(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
See Statement 12				

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 page 26 of the instructions

▶ ☐ Yes ☒ No

Part VI Other Information (See page 27 of the instructions.)

	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	
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, Inc. and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct or indirect political expenditures See line 81 instr.	81a	
b Did the organization file Form 1120-POL for this year?	81b	N/A
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 in Part III)	82b	
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?	84b	N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	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	85b	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?	85g	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?	85h	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, 2002 (See instructions)	90b	
91 The books are in care of Kristina M. Taylor Located at 688 Walnut Street, Suite 200 Macon, GA	Telephone no 478-755-1065 ZIP + 4 31201	
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	

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)

	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	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue.					
a Program Service Revenue					7,190,382
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	4,191	
96 Dividends and interest from securities			14	12,686	
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			5	847	
101 Net income or (loss) from special events			1	16,249	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b See Statement 13				63,997	124,235
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		97,970	7,314,617
105 Total (add line 104, columns (B), (D), and (E))					7,412,587

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 page 32 of the instructions.)

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)
●	See Statement 14

Part IX: Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions.)

(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 page 33 of the instructions.)

- (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)

Please [REDACTED] 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

President/CEO Date 2/16/04

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

2002Department 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. Srvc 40	116,135	11,471	3,308
Henry Senn Macon, Georgia	Dir-Contract 40	84,156	8,324	1,462
Meredith B. Vasquez Macon, Georgia	VP-Comm. 40	82,002	8,954	0
Laine E. Dreher Macon, Georgia	Dir - HR 40	74,338	7,461	0
Jean Fowler Macon, Georgia	Dir - IT 40	70,519	7,650	0
Total number of other employees paid over \$50,000 ▶	5			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 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 the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2002

Part III Statements About Activities (See page 2 of the instructions.)

		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? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ (Must equal amount on line 38, Part VI-A, or line I of Part VI-B) 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	1	X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, 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? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? See Stmt 15	2a	X
b	Lending of money or other extension of credit? See Stmt 16	2b	X
c	Furnishing of goods, services, or facilities? See Stmt 17	2c	X
d	Payment of compensation (or payment or reimbursement of exp. if more than \$1,000)? See Stmt 18	2d	X
e	Transfer of any part of its income or assets?	2e	X
3	Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.)	3	X
4	Do you have a section 403(b) annuity plan for your employees?	4	X

Note: 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

Part IV Reason for Non-Private Foundation Status (See pages 3 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.)
- 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 fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	5,244,198	6,388,783	2,592,054	2,633,942	16,858,977
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	10,028,925	6,951,826	7,532,399	938,954	25,452,104
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	21,540	74,542	59,627		155,709
19 Net income from unrelated business activities not included in line 18					
20 Tax revn. levied for the organization's ben. & either paid to it or expended on its behalf					
21 The value of serv. or fac. furnished to the org. by a governmental unit without charge. Do not incl. the value of serv. or fac. generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of cap. assets Stmt 19	117,164	126,752	122,000	29,423	395,339
23 Total of lines 15 through 22	15,411,827	13,541,903	10,306,080	3,602,319	42,862,129
24 Line 23 minus line 17	5,382,902	6,590,077	2,773,681	2,663,365	17,410,025
25 Enter 1% of line 23	154,118	135,419	103,061	36,023	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 348,201
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 17,410,025
d Add: Amounts from column (e) for lines:	18 155,709	19			26d 551,048
	22 395,339	26b			26e 16,858,977
e Public support (line 26c minus line 26d total)					26f 96.8349%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:				N/A
(2001)	(2000)	(1999)	(1998)		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records 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.) Do not file this list with your return. 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
(2001)	(2000)	(1999)	(1998)		
c Add: Amounts from column (e) for lines	15	16			27c
	17	20	21		27d
d Add: Line 27a total and line 27b total					27e
e Public support (line 27c total minus line 27d total)					27f
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27g %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15					

Part V Private School Questionnaire (See page 7 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 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" 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-	The lobbying nontaxable amount is-		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$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 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(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 11 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**.)

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

Yes	No	Amount

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 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:

(i) **Cash**

(ii) Other assets

b Other transactions:

(l) 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]

Form 990/990-PF	Receivables Due from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons	2002
For calendar year 2002, or tax year beginning		7/01/02, and ending
		6/30/03

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)	53,464		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	53,464		

Mortgages and Other Notes PayableForm
990/990-PF**2002**

For calendar year 2002, or tax year beginning

7/01/02, and ending**6/30/03**

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) New Southern Bank	
(2) SunTrust Bank	
(3) Branch Banking & Trust	
(4) Bank of America	
(5) Bank of America	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 58,191	10/29/02	11/01/07	monthly installments	6.250
(2)	10/24/95	1/31/06	monthly installments	7.500
(3) 575,000	2/04/02	1/04/05	monthly installments	4.750
(4) 500,000	2/06/02	2/06/03	Open	
(5) 1,875,000	11/22/02	10/22/05	Lump sum at maturity	3.400
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) 2002 International 4300 4 x 2 truck	Truck purchase
(2) Land & buildings	Purchase facility
(3) Land and buildings	Refinance for permanent financing
(4) Signature	Line of credit
(5) Building	Purchase of building
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)		52,308
(2)	383,610	351,622
(3)	565,044	533,002
(4)	205,000	175,000
(5)		1,875,000
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	1,153,654	2,986,932

Federal Statements

Statement 1 - 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 vehicles		Donation		Various	Various	\$ 847	\$		\$ 847
Total						\$ 847	\$ 0	\$ 0	\$ 847

Federal Statements**Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
Unrealized appreciation of securities	\$ 13,970
Total	\$ 13,970

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt & General</u>	<u>Fund-Raising</u>
	\$	\$	\$	\$
Expenses				
Professional fees & services	284,811	106,263	110,509	68,039
Bank charges	126,389	85,884	40,505	
Goods purchased for resale	1,097,062	1,097,062		
Computer equipment & software	12,877	8,944	3,933	
Commercial insurance	180,352	48,786	131,566	
Advertising-recruiting	4,985	3,906	1,079	
Advertising-promotion	134,249	98,608	6,757	28,884
Vehicle expense	214,274	197,159	17,115	
Client transportation	7,604	7,604		
Dues	127,164	2,213	124,700	251
Pre-employment screening test	44,354	43,370	984	
Employee relations	48,486	3,686	44,800	
Employee uniforms	11,329	10,977	352	
Donated vehicle expense	15,383	15,383		
Bad debt expense/recovery	141,137	78,515	62,622	
Miscellaneous expense	66,174	57,803	8,212	159
Total	\$ 2,516,630	\$ 1,866,163	\$ 553,134	\$ 97,333

Statement 4 - 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 5 - 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	114
Participated in Work Adjustment Training	85
Served in Transitional Sheltered Employment	17
Were served by Career Development Services	24,512
Participated in Job Placement Services	1,065

Federal Statements**Statement 6 - Form 990, Part IV, Line 54 - Investments in Securities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
Mutual funds-equity securities	144,594	145,636	Market
Mutual funds-bonds	192,205	217,819	Market
	<u>336,799</u>	<u>363,455</u>	

Statement 7 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
Buildings & Improvements	\$ 1,354,150	\$ 168,530	\$ 3,104,237	\$ 252,956
Computers	611,803	431,635	621,352	549,937
Furniture & Fixtures	717,466	318,480	841,608	402,938
Land	428,162		1,070,447	
Leasehold improvements	975,610	304,749	1,025,191	401,223
Machinery & Equipment	832,185	551,124	950,245	657,867
Vehicles	751,232	555,177	924,337	697,286
Total	<u>\$ 5,670,608</u>	<u>\$ 2,329,695</u>	<u>\$ 8,537,417</u>	<u>\$ 2,962,207</u>

Statement 8 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Receivable from affiliate	\$ 277,498	\$
Pledges receivable-long term	110,916	123,443
Assets held in deferred comp plan		16,290
Total	<u>\$ 388,414</u>	<u>\$ 139,733</u>

Statement 9 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Refundable advance	\$ 205,789	\$ 50,000
Capital lease payable-net of current	15,034	
Intercompany payable		68,062
Deferred compensation payable		16,290
Total	<u>\$ 220,823</u>	<u>\$ 134,352</u>

Federal Statements**Statement 10 - Form 990, Part IV-A - Other Revenue Included on Return**

<u>Description</u>	<u>Amount</u>
Expenses related to special event	\$ <u>-9,090</u>
Total	\$ <u>-9,090</u>

Statement 11 - Form 990, Part IV-B - Other Expenses Included in Financial Statements

<u>Description</u>	<u>Amount</u>
Expenses related to special event	\$ <u>9,090</u>
Total	\$ <u>9,090</u>

Federal Statements

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Statement 12 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

Name		Title		Average Hours	City, State, Zip	
Comp	Benefits	Expenses	Address			
James K. Stiff 186,154	17,175	983	CEO	40	688 Walnut St.,	Macon, Ga 31201
Kristina M. Taylor 73,442	7,523	0	Dir. of Acct	40	688 Walnut St.,	Macon, Ga 31201
Jerry Arceneaux 0	0	0	Chair-Contr.		100 Riverwood Intl Pkwy,	Macon, Ga
Dr. Anne Gormly 0	0	0	Chairman			
L. Robert Lovett 0	0	0	Vice-Chair		231 W. Hancock St,	Milledgeville, Ga
Jim Bosserman 0	0	0	Vice-Chair		3608 Vineville Ave,	Macon, Ga 31204
W. J. Martin 0	0	0	Secretary		4520 Broadway,	Macon, Ga 31213
J. Clay Murphey 0	0	0	Treasurer		577 Mulberry Street,	Macon, Ga 31210
Broadus Marshall, Jr. 0	0	0	Finance		P.O. Box 18101,	Macon, Ga 31208
Eugene Dunwoody 0	0	0	Trustee		1501 Bass Road,	Macon, Ga 31210
Brad Fink 0	0	0	Trustee		484 Mulberry Street,	Macon, Ga 31201
Hal Harper 0	0	0	Trustee		801A Russell Pkwy,	Warner Robins, Ga
Adam Milani 0	0	0	Trustee		990 Riverside Drive,	Nacon, Ga 31201
Dr. William Oliver 0	0	0	Trustee		1021 Georgia Avenue,	Macon, Ga 31207
Stephen K. Simpson 0	0	0	Trustee		4580 N Mumford Road,	Macon, Ga 31210
Billy Walker 0	0	0	Trustee		3920 Arkwright Road,	Macon, Ga 31210
George W. McCommon 0	0	0	Trustee		P.O. Box 6838,	Macon, Ga 31208
Anita Ponder 0	0	0	Trustee		6885 Colaparchee Rd.,	Ft Valley, Ga.
					340 Walnut Street,	Macon, Ga 31201

Federal Statements

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Statement 12 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees (continued)

Name		Title		Average Hours		City, State, Zip
Comp	Benefits	Expenses	Address			
Raymond Smith, Jr.		0	0	0	Trustee	4001 Vineville Ave., Macon, Ga 31210
Janis Wiggins		0	0	0	Trustee	P.O. Box 7498, Warner Robins, Ga

Federal Statements

Form 990, Part VI, Question 80 - Relation to other organizations

Name of related organization(s)

Good Vocations, Inc.

Statement 13 - Form 990, Part VII, Line 103 - Other Revenue

Description	Business Code	Unrelated Amount	Exclusion Code	Exclusion Amount	Related Income
Career Fair		\$	7	\$ 28,108	\$
Instructional fees-career services & comp. training					29,838
Misc. reimbursements & sale tax vendors' compensation					20,647
Rental income			16	35,889	
Pension plan forfeitures					58,750
Performance award					15,000
Total		\$ 0		\$ 63,997	\$ 124,235

Statement 14 - Form 990, Part VIII - Relationship of Activities

Line No.	Description
93a	Fees from contract services and retail sales revenue were generated from activities that were directly related to client services by providing vocational evaluation work adjustment services and sheltered employment for clients.
103	Service activities and a Career Fair helped to create awareness of the Organization to promote its mission.

Statement 15 - Schedule A, Part III, Line 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, 2003, \$31,350 was paid to the partnership for rent, taxes, and insurance.

Statement 16 - Schedule A, Part III, Line 2b - Lending of Money or Extension of Credit

A member of management had a note receivable with the Organization which was paid in full as of June 30, 2003. The note, which was dated May 20, 1999 had a balance of \$53,464 at the beginning of the year.

Federal Statements

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Statement 17 - Schedule A, Part III, Line 2c - Furnishing Goods, Services, or Facilities

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 \$25,133 for legal services.

Statement 18 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of Exp

See Part V, Form 990

Statement 19 - Schedule A, Part IV-A, Line 22 - Other Income

Description	2001	2000	1999	1998
Career Fair	\$ 25,912	\$	\$	\$
Instructional fees-career services & computer training	72,856			
Miscellaneous reimbursements & sales tax vendors' compensation	18,396	126,752	122,000	29,423
Total	<u>\$ 117,164</u>	<u>\$ 126,752</u>	<u>\$ 122,000</u>	<u>\$ 29,423</u>

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 File by the due date for filing your return. See instructions.	Name of Exempt Organization Goodwill Industries of Middle Georgia, Inc.	Employer identification number 58-1249683
	Number, street, and room or suite no. If a P O box, see instructions. 688 Walnut Street Suite 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 2/17/04 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 7/01/02, and ending 6/30/03

- 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 H. Slade Title ▶ CPA

Date ▶ 11-4-03

For Paperwork Reduction Act Notice, see instruction

Form **8868** (12-2000)