

Form **990**

OMB No 1545-0047

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)

2003

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 2003 calendar year, or tax year beginning 7/01/03, and ending 6/30/04**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)

5171 Eisenhower Parkway

Room/suite

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

Macon**GA 31206****D** Employer ID number**58-1249683****E** Telephone number**478-746-7647****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).

G Website: ▶ **www.goodwillworks.org****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.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **13,433,526**

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 number 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** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)****1** Contributions, gifts, grants, and similar amounts received**a** Direct public support**1a** **5,928,545****b** Indirect public support**1b****c** Government contributions (grants)**1c** **639,221****d** Total (add lines 1a through 1c) (cash \$ **1,031,024** noncash \$ **5,536,742**)**1d** **6,567,766****2** Program service revenue including government fees and contracts (from Part VII, line 93)**2** **6,714,361****3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4** **4,231****5** Dividends and interest from securities**5** **9,721****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 assets other than inventory (A) Securities (B) Other**8a** **850****b** Less cost or other basis and sales expenses**8b** **31,874****c** Gain or (loss) (attach schedule)**8c** **-31,024****d** Net gain or (loss) (combine line 8c, columns (A) and (B))

See Stmt

8d **-31,024****9** Special events and activities (attach schedule) If any amount is from gaming, check here ☐**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** **136,597****12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12** **13,401,652****13** Program services (from line 44, column (B))**13** **11,595,595****14** Management and general (from line 44, column (C))**14** **2,045,239****15** Fundraising (from line 44, column (D))**15** **327,222****16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 16 and 44, column (A))**17** **13,968,056****18** Excess or (deficit) for the year (subtract line 17 from line 12)**18** **-566,404****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** **3,404,963****20** Other changes in net assets or fund balances (attach explanation)

See Stmt

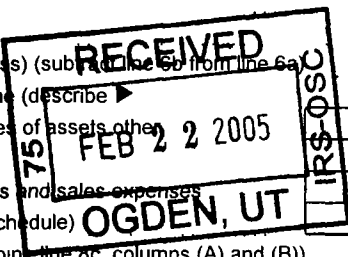
20 **17,791****21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21** **2,856,350**

For Paperwork Reduction Act Notice, see the separate instructions.

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Form **990** (2003)

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Part II Statement of

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations

Functional Expenses

and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 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	268,786	268,786	
26	Other salaries and wages	26	6,036,593	5,194,916	634,270
27	Pension plan contributions	27	136,416	100,048	22,744
28	Other employee benefits	28	422,373	357,774	52,745
29	Payroll taxes	29	790,496	698,174	76,589
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	308,065	268,240	31,808
34	Telephone	34	191,769	109,657	78,444
35	Postage and shipping	35	16,206	1,355	9,604
36	Occupancy	36	2,063,598	1,815,553	232,490
37	Equipment rental and maintenance	37	33,274	25,559	7,616
38	Printing and publications	38	21,235	15,436	889
39	Travel	39	68,330	46,652	15,941
40	Conferences, conventions, and meetings	40	32,302	9,735	18,749
41	Interest	41	39,536	4,546	34,990
42	Depreciation, depletion, etc (attach schedule)	42	562,424	489,981	69,655
43	Other expenses not covered above (itemize) a	43a			
	b See Statement 3	43b	2,976,653	2,457,969	489,919
	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	13,968,056	11,595,595	2,045,239

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 25 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 \$ _____)	11,595,595
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)		11,595,595

Part IV Balance Sheets (See page 25 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	27,437	45	243,642
46	Savings and temporary cash investments		46	301,705
47a	Accounts receivable	510,295		
b	Less. allowance for doubtful accounts	126,576	47c	383,719
48a	Pledges receivable	145,606		
b	Less. allowance for doubtful accounts		48c	145,606
49	Grants receivable		49	123,279
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule)			
b	Less. allowance for doubtful accounts		51c	
52	Inventories for sale or use	352,127	52	428,304
53	Prepaid expenses and deferred charges	254,312	53	210,022
54	Investments-securities See Stmt 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	363,455	54	295,891
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	10,298,755		
b	Less. accumulated depreciation (attach schedule) See Stmt 7		57c	6,802,275
58	Other assets (describe See Stmt 8)	139,733	58	206,231
59	Total assets (add lines 45 through 58) (must equal line 74)	7,462,856	59	9,140,674
60	Accounts payable and accrued expenses	952,899	60	1,254,025
61	Grants payable		61	
62	Deferred revenue		62	34,530
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule) See Worksheet		64a	3,600,000
b	Mortgages and other notes payable (attach schedule) See Worksheet	2,986,932	64b	1,285,955
65	Other liabilities (describe See Stmt 9)	118,062	65	109,814
66	Total liabilities (add lines 60 through 65)	4,057,893	66	6,284,324
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	3,237,664	67	2,624,260
68	Temporarily restricted	167,299	68	232,090
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)	3,404,963	73	2,856,350
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	7,462,856	74	9,140,674

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.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)		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
	13,745,580		14,294,193
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 \$ 17,791		(1) Donated services and use of facilities \$ 295,113	
(2) Donated services and use of facilities \$ 295,113		(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) See Stmt 10 \$ 31,024		(4) Other (specify) See Stmt 11 \$ 31,024	
Add amounts on lines (1) through (4) ▶	b 343,928	Add amounts on lines (1) through (4) ▶	b 326,137
c Line a minus line b ▶	c 13,401,652	c Line a minus line b ▶	c 13,968,056
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) \$	
Add amounts on lines (1) and (2) ▶	d	Add amounts on lines (1) and (2) ▶	d
e Total revenue per line 12, Form 990 (line c plus line d) ▶	e 13,401,652	e Total expenses per line 17, Form 990 (line c plus line d) ▶	e 13,968,056

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see page 27 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
James K. Stiff 5171 Eisenhower Macon GA 31206	CEO 40	172,115	17,389	832
Kristina M. Taylor 5171 Eisenhower Macon GA 31206	Dir Acctg 40	70,096	8,354	0
See attached board of directors 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 page 28 of the instructions

▶ ☐ Yes ☒ No

Part VI Other Information (See page 28 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 income 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 and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct and indirect political expenditures. See line 81 instructions	81a	
b Did the organization file Form 1120-POL for this year?	N/A	81b
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	295,113
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	84b
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	85a
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	85b
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 on line 85f?	N/A	85g
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	85h
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, 2003 (See instructions.)	90b	340
91 The books are in care of Kristina M. Taylor Located at 5171 Eisenhower Pkwy, Macon, GA	Telephone no	478-746-7647
	ZIP + 4	31206
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 33 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					6,714,361
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	4,231	
96 Dividends and interest from securities			14	9,721	
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			18	-31,024	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b See Statement 12				136,597	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		119,525	6,714,361
105 Total (add line 104, columns (B), (D), and (E))					6,833,886

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 34 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)
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.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 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 34 of the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

Please Sign	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
	Kristina M. Taylor 12-15-05

Date

Director of Accounting

Date

12-14-05

Check if self-

Preparer's SSN or PTIN (See Gen Instr W)

000002775

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

2003Department 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
Henry Senn 5171 Eisenhower Pkwy/Macon GA 31	VP Contract 40	84,311	8,871	1,355
Meredith B. Vasquez 5171 Eisenhower Pkwy/Macon GA 31	VP Comm 40	80,246	9,220	0
Wendi L. Copeland 5171 Eisenhower Pkwy/Macon GA 31	VP Mission D 40	79,437	8,358	0
Laine E. Dreher 5171 Eisenhower Pkwy/Macon GA 31	VP Human Res 40	70,961	10,358	0
Jean Fowler 5171 Eisenhower Pkwy/Macon GA 31	Dir Info Tec 40	70,000	7,737	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 instructions. 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
Amerson Constr Co. P.O. Box 4623	Contractor	1,310,517
Dunwoody/Beeland 484 Mulberry St	Architect	59,812
Total number of others receiving over \$50,000 for professional services ▶	0	

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

Schedule A (Form 990 or 990-EZ) 2003

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 amounts 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?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
3b Do you have a section 403(b) annuity plan for your employees?	3b	X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

See Stmt 13

See Stmt 14

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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 6 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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	6,146,436	5,244,198	6,388,783	2,592,054	20,371,471
16 Membership fees received					0
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	7,443,076	10,028,925	6,951,826	7,532,399	31,956,226
18 Gross income from interest, dividends, amounts received from payment on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	16,877	21,540	74,542	59,627	172,586
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefits and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. Stmt 15	188,232	117,164	126,752	122,000	554,148
23 Total of lines 15 through 22	13,794,621	15,411,827	13,541,903	10,306,080	53,054,431
24 Line 23 minus line 17	6,351,545	5,382,902	6,590,077	2,773,681	21,098,205
25 Enter 1% of line 23	137,946	154,118	135,419	103,061	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					421,964
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test. Enter line 24, column (e)					21,098,205
d Add Amounts from column (e) for lines 18 172,586 19 22 554,148 26b					726,734
e Public support (line 26c minus line 26d total)					20,371,471
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					96.5555%
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	(2002)	(2001)	(2000)	(1999)	N/A
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	(2002)	(2001)	(2000)	(1999)	N/A
c Add Amounts from column (e) for lines 15 17 20 21					27c
d Add Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
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 1999 through 2002, 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) 2003	(b) 2002	(c) 2001	(d) 2000	(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 12 of the instructions) **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

Schedule A (Form 990 or 990-EZ) 2003

Forms 990 / 990-PF	Mortgages and Other Notes Payable		2003
Name Goodwill Industries of Middle Georgia, Inc.		For calendar year 2003, or tax year beginning 7/01/03 , and ending 6/30/04	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) Bank of America	
(4) Branch Banking & Trust	
(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) 1,875,000	11/22/02	10/22/05	Lump sum at maturity	3.400
(4) 575,000	2/04/02	1/04/05	monthly installments	4.750
(5) 500,000	2/06/02	2/06/03	Open	
(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) Building	Purchase of building
(4) Land and buildings	Refinance for permanent financing
(5) Signature	Line of credit
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	52,308	41,660
(2)	351,622	317,188
(3)	1,875,000	
(4)	533,002	497,107
(5)	175,000	430,000
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	2,986,932	1,285,955

Tax-Exempt Bond LiabilitiesForm **990****2003**

For calendar year 2003, or tax year beginning

7/01/03, and ending

6/30/04

Name

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

Employer Identification Number

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

Name of lender	Purpose of issue
(1) Bank of America	construction educational facilities
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Issue date	Original amount of issue	Form 8038 filed. Y/N Date filed	Date retired	Completion date of project	Unexpended bond proceeds
(1) 10/01/03	3,600,000	Y 10/15/03	10/01/23	4/01/04	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Third party use percent	Maturity date	Repayment terms	Interest rate
(1)	10/01/23	Annual installments	1.040
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			

Security provided by borrower	Amount outstanding at beginning of year	Amount outstanding at end of year
(1) Letter of credit		3,600,000
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals		3,600,000

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
					\$	\$		\$
Purchase	Purchase		5/19/99	5/01/04		20,919	6,915	-14,004
Renovations - glass office walls	Purchase							
Improvements	Purchase		6/18/99	7/01/03		1,461	394	-1,067
Burglar alarm system	Purchase		5/24/99	7/01/03		1,683	694	-989
Graphics for truck (assumed #566)	Purchase		7/01/94	6/30/04		5,606	5,606	
Security system	Purchase		12/01/97	7/01/03		1,498	1,498	
Refinish floors	Purchase		5/18/98	7/01/03		1,481	253	-1,228
Remodeling	Purchase		1/06/98	7/01/03		7,406	1,353	-6,053
Carpet	Purchase		11/14/97	7/01/03		1,619	304	-1,315
Paint	Purchase		12/01/97	7/01/03		8,868	1,650	-7,218
1994 Ford Aerostar Van SN#A23392	Purchase		5/01/94	6/30/04	850	17,052	17,052	850
Total					\$ 850	\$ 67,593	\$ 35,719	\$ -31,024

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

<u>Description</u>	<u>Amount</u>
Net unrealized gains on investments	\$ 17,791
Total	\$ 17,791

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				
Goods purchased for resale	1,477,995	1,477,995		
Professional fees & services	378,743	234,032	125,929	18,782
Client transportation	6,086	6,086		
Dues and subscriptions	122,610	2,922	115,054	4,634
Pre-employment screening	48,950	48,655	200	95
Employee relations	49,068	3,126	45,890	52
Employee uniforms	11,811	11,507	278	26
Donated vehicle expense	21,100	21,100		
Bad debt	97,505	37,065	60,440	
Miscellaneous expenses	13,592	8,532	4,832	228
Bank charges	140,360	99,165	41,195	
Computer expenses	42,701	38,568	4,133	
Vehicle expense	184,024	162,031	21,737	256
Commercial insurance	190,278	153,165	37,113	
Advertising - recruiting	4,311	2,602	1,709	
Advertising - promotion	158,572	151,418	2,462	4,692
Bond amortization	28,947		28,947	
Total	\$ 2,976,653	\$ 2,457,969	\$ 489,919	\$ 28,765

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	52
Participated in Work Adjustment Training	62
Served in Transitional Sheltered Employment	12
Were served by Career Development Services	14,499
Obtained employment through Job Placement Services	2,169

58-1249683

Federal Statements

FYE: 6/30/2004

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>
Corporate Stock			
Mutual funds-equity securities	145,636	135,029	Market
Mutual funds-bonds	217,819	160,862	Market
	<u>363,455</u>	<u>295,891</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	\$ 3,104,237	\$ 252,956	\$ 4,684,539	\$ 372,666
Computers	621,352	549,937	629,495	611,347
Furniture & Fixtures	841,608	402,938	974,192	496,998
Leasehold improvements	1,025,191	401,223	989,961	491,924
Machinery & Equipment	950,245	657,867	1,021,967	758,017
Vehicles	924,337	697,286	928,154	765,528
Total	<u>\$ 7,466,970</u>	<u>\$ 2,962,207</u>	<u>\$ 9,228,308</u>	<u>\$ 3,496,480</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Pledges receivable-long term	\$ 123,443	\$ 48,422
Assets held in deferred comp plan	16,290	34,530
Cost of bond issuance		123,279
Total	<u>\$ 139,733</u>	<u>\$ 206,231</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	\$ 50,000	\$
Capital lease payable-net of current	68,062	109,814
Payable to affiliate		
Total	<u>\$ 118,062</u>	<u>\$ 109,814</u>

58-1249683

Federal Statements

FYE: 6/30/2004

Statement 10 - Form 990, Part IV-A - Other Revenue Included on Financial Statements

Description	Amount
Loss on disposal of property	\$ 31,024
Total	\$ 31,024

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

Description	Amount
Loss on disposal of property	\$ 31,024
Total	\$ 31,024

Statement 12 - Form 990, Part VII, Line 103 - Other Revenue

Description	Business Code	Unrelated Amount	Exclusion Code	Exclusion Amount	Related Income
Career Fair		\$	7	\$ 9,183	\$
Instructional fees-career services & comp. training			3	14,685	
Misc. reimbursements & sale tax vendors' compensation			5	13,811	
Rental income			16	1,000	
Performance award			1	5,000	
Consulting			1	32,918	
Proceeds from insurance cla			1	60,000	
Total		\$ 0		\$ 136,597	\$ 0

Statement 13 - 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 provided architectural services to the Organization and received \$59,812 for architectural services during the year ended 6/30/04.

Members of the Board of Directors provide legal services to the Organization and received \$17,010 for legal services during the year ended 6/30/04.

Statement 14 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of Exp

See Part V, Form 990

Federal Statements**Statement 15 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2002</u>	<u>2001</u>	<u>2000</u>	<u>1999</u>
Career Fair	\$ 28,108	\$ 25,912	\$	\$
Instructional fees-career services & computer training	29,838	72,856		
Miscellaneous reimbursements & sales tax vendors' compensation	20,647	18,396	126,752	122,000
Rental income	35,889			
Pension plan forfeitures	58,750			
Performance award	15,000			
Total	<u>\$ 188,232</u>	<u>\$ 117,164</u>	<u>\$ 126,752</u>	<u>\$ 122,000</u>

2004 Board of Directors

Goodwill Industries of Middle Georgia, Inc.
58-1249683
Part V, Board of Directors Listing
FYE 6/30/04

Name and Address	Title and Estimated Hours Per Week	Compensation	Contribution to Employee Benefit Plan	Expense Account Or Allowance
JERRY ARCENEUX Personnel Manager Graphic Packaging International, Inc. 100 Graphic Packaging International Way Macon, GA 31206	Operations Chair 0.75	0	0	0
BRAD FINK Owner Sonny's Barbeque 116 Royal Crest Circle Kathleen, GA 31047	Vice Chair 0.75	0	0	0
MILTON HEARD, IV President / Funeral Director Hart's Mortuary 765 Cherry Street P.O. Box 6197 Macon, GA 31208	Director 0.75	0	0	0
L. ROBERT LOVETT Lovett, Cowart and Ayerbe, L.L.C. 3608 Vineville Avenue Macon, GA 31204	Chair 0.75	0	0	0
GEORGE W. McCOMMON, A.V.M. Fort Valley State University 6885 Colaparchee Road* Macon, GA 31210	Director 0.75	0	0	0
J. CLAY MURPHEY President Woodland South Properties, Inc. P.O. Box 18101 Macon, GA 31209	Treasurer/ Finance Chair 0.75	0	0	0
RAYMOND SMITH, JR. Smith, Brown and Groover 4001 Vineville Avenue Macon, GA 31210	Director 0.75	0	0	0
JANIS D. WIGGINS Chair of Military Affairs, WRAFB P.O. Box 7498 Warner Robins, GA 31099	Director 0.75	0	0	0
JIM BOSSERMAN Armstrong World Industries 4520 Broadway Macon, GA 31213	Vice Chair 0.75	0	0	0

2004 Board of Directors

Goodwill Industries of Middle Georgia, Inc.
58-1249683
Part V, Board of Directors Listing
FYE 6/30/04

Name and Address	Title and Estimated Hours Per Week	Compensation	Contribution to Employee Benefit Plan	Expense Account Or Allowance
DR. ANNE V. GORMLY Vice President and Dean of Faculties Georgia College and State University 231 West Hancock St. Parks 210 Campus Box 24 Milledgeville, GA 31061	Past Chair 0.75	0	0	0
DR. JO ANN JONES Dean Emeritis, School of Business Georgia College and State University 378 Seabrook Lane* Milledgeville, GA 31061	Director 0.75	0	0	0
W. JONATHAN MARTIN II Constangy, Brooks and Smith, L.L.C. 577 Mulberry Street Suite 710 Macon, GA 31210	Secretary 0.75	0	0	0
ADAM MILANI Assistant Professor of Law Mercer University School of Law 1021 Georgia Avenue Macon, GA 31207	Career Services Chair 0.75	0	0	0
ANITA PONDER Assistant Director / President - City Council Tubman African American Museum 340 Walnut Street Macon, GA 31201	Director 0.75	0	0	0
BILLY WALKER Beds and Bedding 303 College Street Macon, GA 31201	Director 0.75	0	0	0
BENNETT A. YORT Merrill Lynch 933 Broad Street Augusta, GA 30901	Director 0.75	0	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 File by the due date for filing your return. See instructions.	Name of Exempt Organization Goodwill Industries of Middle GA of Middle Georgia, Inc.	Employer identification number 58-1249683
	Number, street, and room or suite no. If a P O box, see instructions 5171 Eisenhower Parkway	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Macon GA 31206	

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 2/15/05 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 7/01/03, and ending 6/30/04.

- 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. Sheph Title CPA

Date 11-8-04

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)