

Form

990Department of the Treasury
Internal Revenue Service**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)

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

OMB No 1545-0047

2005Open to Public
Inspection**A** For the 2005 calendar year, or tax year beginning **7/01/05**, and ending **6/30/06****B** Check if applicable☐ Address change☐ Name change☐ Initial return☐ Final return☒ Amended return☐ Application pendingPlease
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**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 identification no.**58-1249683****E** Telephone number**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 number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instr.)

H(d) Is this a separate return filed by anorganization 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)

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 chooses to file a return, be

sure to file a complete return. Some states require a complete return.

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **15,668,197****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)****1** Contributions, gifts, grants, and similar amounts received**a** Direct public support**b** Indirect public support**c** Government contributions (grants)**1a** **9,731,937****1b****1c** **1,658,855****d** Total (add lines 1a through 1c) (cash \$ **2,239,609** noncash \$ **9,151,183**)**1d** **11,390,792****2** Program service revenue including government fees and contracts (from Part VII, line 93)**2** **4,173,762****3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4** **20,269****5** Dividends and interest from securities**5** **11,960****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 **36,541****b** Less cost or other basis and sales expenses**8b** **20,000****c** Gain or (loss) (attach schedule)**8c** **16,541****d** Net gain or (loss) (combine line 8c, columns (A) and (B))

See Stmt 1

8d **16,541****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** **34,873****12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12** **15,648,197****13** Program services (from line 44, column (B))**13** **10,823,758****14** Management and general (from line 44, column (C))**14** **2,361,974****15** Fundraising (from line 44, column (D))**15** **206,247****16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 16 and 44, column (A))**17** **13,391,979****18** Excess or (deficit) for the year (subtract line 17 from line 12)**18** **2,256,218****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** **3,438,583****20** Other changes in net assets or fund balances (attach explanation)

See Statement 2

20 **615****21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21** **5,695,416**For Privacy Act and Paperwork Reduction Act Notice, see the separate
instructions.

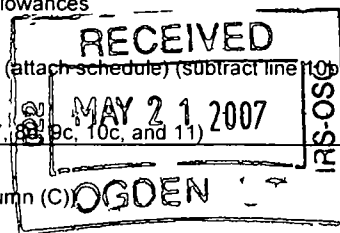
DAA

Form **990** (2005)

G15-17

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SCANNED JUL 09 2007 Revenue



**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 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 \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	303,308		303,308	
26 Other salaries and wages	26	6,073,385	5,217,989	769,217	86,179
27 Pension plan contributions	27	105,238	82,191	23,047	
28 Other employee benefits	28	389,304	312,641	72,347	4,316
29 Payroll taxes	29	718,879	641,059	70,151	7,669
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	516,249	450,123	55,573	10,553
34 Telephone	34	161,861	96,357	60,384	5,120
35 Postage and shipping	35	12,166	961	9,891	1,314
36 Occupancy	36	2,336,621	2,102,730	233,802	89
37 Equipment rental and maintenance	37	52,169	34,823	17,346	
38 Printing and publications	38	22,992	9,741	6,169	7,082
39 Travel	39	105,342	58,562	41,780	5,000
40 Conferences, conventions, and meetings	40	49,553	10,367	36,719	2,467
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	557,855	378,442	176,481	2,932
43 Other expenses not covered above (itemize) a See Statement 3	43a	1,987,057	1,427,772	485,759	73,526
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	13,391,979	10,823,758	2,361,974	206,247

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 the instructions.)

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.

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 \$) If this amount includes foreign grants, check here ► ☐ **10,823,758**

b

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

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

► **10,823,758**

Form **990** (2005)

Part IV. Balance Sheets (See 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
Assets	45 Cash-non-interest-bearing	543,585	45	1,241,983
	46 Savings and temporary cash investments	215,365	46	228,223
	47a Accounts receivable	167,564		
	b Less allowance for doubtful accounts	28,574	47c	138,990
	48a Pledges receivable	252,757		
	b Less allowance for doubtful accounts		48c	252,757
	49 Grants receivable	223,314	49	170,446
	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	506,288	52	689,819
	53 Prepaid expenses and deferred charges	188,800	53	135,507
	54 Investments-securities See Statement 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	310,206	54	317,595
	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	12,216,494			
b Less accumulated depreciation (attach schedule) See Statement 7	4,442,206	57c	7,774,288	
58 Other assets (describe See Statement 8)	150,960	58	176,994	
59 Total assets (must equal line 74) Add lines 45 through 58	9,206,471	59	11,126,602	
Liabilities	60 Accounts payable and accrued expenses	1,051,489	60	958,033
	61 Grants payable		61	
	62 Deferred revenue	84,480	62	130,663
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule) See Worksheet	3,600,000	64a	3,430,000
	b Mortgages and other notes payable (attach schedule) See Worksheet	941,194	64b	533,722
	65 Other liabilities (describe See Statement 9)	90,725	65	378,768
66 Total liabilities. Add lines 60 through 65	5,767,888	66	5,431,186	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	2,935,535	67	5,590,416
	68 Temporarily restricted	503,048	68	105,000
	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)	3,438,583	73	5,695,416
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	9,206,471	74	11,126,602

Part IV-A	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)
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a	Total revenue, gains, and other support per audited financial statements		a	15,757,784
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	615	
2	Donated services and use of facilities	b2	108,972	
3	Recoveries of prior year grants	b3		
4	Other (specify)	b4		
	Add lines b1 through b4		b	109,587
c	Subtract line b from line a		c	15,648,197
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	15,648,197

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	13,500,951
b	Amounts included on line a but not Part I, line 17			
1	Donated services and use of facilities	b1	108,972	
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify)	b4		
	Add lines b1 through b4		b	108,972
c	Subtract line b from line a		c	13,391,979
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify)	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17) Add lines c and d		e	13,391,979

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

[illegible]

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ► 21		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? Note. Related organizations include section 509(a)(3) supporting organizations	75c	X
If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization		
d Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contrib to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A				

Part VI Other Information (See 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 ► and check whether it is <input 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?	81b	

Part VI Other Information (continued)

		Yes	No
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?	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)		
	See Stmt 10 82b 108,972		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	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		
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	
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	
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 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, 2005 (See instructions)	90b	346
91a	The books are in care of Laurie Tharpe	Telephone no	478-475-9995
	Located at 5771 Eisenhower\Macon, GA	ZIP + 4	31206
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X
	If "Yes," enter the name of the foreign country		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	X
c	If "Yes," enter the name of the foreign country		
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 the instructions.)**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Program Service Revenue					4,173,762
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	20,269	
96 Dividends and interest from securities			14	11,960	
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			1	16,541	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b See Statement 11				34,873	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		83,643	4,173,762
105 Total (add line 104, columns (B), (D), and (E))					4,257,405

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 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 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
See Statement 12	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See 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 Sign Here	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.				
	Signature of officer <i>James K. Stiff</i>		Date <i>5-7-07</i>		
Paid Preparer's Use Only	Type or print name and title <i>James K. Stiff President/CEO</i>				
	Preparer's signature <i>George H. Slade</i>		Date <i>5-7-07</i>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. W) P00083775
	Firm's name (or yours if self-employed) Howard, Moore & McDuffie, P.C.		EIN 58-1484212		
	address, and ZIP + 4 P.O. Box 4547 Macon, GA 31208		Phone no 478-742-5317		

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 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

2005Department of the Treasury
Internal Revenue Service**Supplementary Information-(See separate instructions.)**
▶ **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) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
Meredith B. Vasquez 5171 Eisenhower Pkwy/Macon GA 31206 GA 31206	VP Comm 40	130,717	12,104	0
David C. Becker 5171 Eisenhower Pkwy/Macon GA 31206 GA 31206	VP Services 40	103,034	11,164	0
Henry Senn 5171 Eisenhower Pkwy/Macon GA 31206 GA 31206	VP Contract Serv 40	96,554	10,120	0
Laine Dreher 5171 Eisenhower Pkwy/Macon GA 31206 GA 31206	VP Human Resources 40	82,059	11,269	0
Jack Flowers 5171 Eisenhower Pkwy/Macon GA 31206 GA 31206	Dir of Contracts 40	70,753	8,146	0
Total number of other employees paid over \$50,000 ▶	5			

Part II-A 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
eciConstruction 1674 Piedmont Road NE Atlanta GA 30324	Construction	975,000
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

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

Schedule A (Form 990 or 990-EZ) 2005

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)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any 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
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

See Statement 13

See Statement 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) Check the box that describes the type of supporting organization ► ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	8,034,345	6,623,139	6,146,436	5,244,198	26,048,118
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	5,109,925	6,742,605	7,443,076	10,028,925	29,324,531
18 Gross income from interest, dividends, amounts received from payments 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	16,248	13,952	16,877	21,540	68,617
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit 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	63,925	136,597	188,232	117,164	505,918
23 Total of lines 15 through 22	13,224,443	13,516,293	13,794,621	15,411,827	55,947,184
24 Line 23 minus line 17	8,114,518	6,773,688	6,351,545	5,382,902	26,622,653
25 Enter 1% of line 23	132,244	135,163	137,946	154,118	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 532,453
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b 292,547
c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶					26c 26,622,653
d Add: Amounts from column (e) for lines 18 <u>68,617</u> 19 <u> </u> 22 <u>505,918</u> 26b <u>292,547</u> ▶					26d 867,082
e Public support (line 26c minus line 26d total) ▶					26e 25,755,571
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 96.7431%
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 (2004) (2003) (2002) (2001) 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 11b, 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 (2004) (2003) (2002) (2001) N/A					
c Add: Amounts from column (e) for lines 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u> ▶					27c <u> </u>
d Add: Line 27a total <u> </u> and line 27b total <u> </u> ▶					27d <u> </u>
e Public support (line 27c total minus line 27d total) ▶					27e <u> </u>
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) ▶					27f <u> </u>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g <u> </u> %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h <u> </u> %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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?	34b		
If you answered "Yes" to either 34a or b, please explain using an attached statement			
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-														
<table border="0"> <tr> <td>If the amount on line 40 is-</td> <td>The lobbying nontaxable amount is-</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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	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	41	
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													
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) 2005	(b) 2004	(c) 2003	(d) 2002	(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 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 through c 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 through c h.)

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

Yes	No	Amount

Forms 990 / 990-PF	Mortgages and Other Notes Payable		2005
For calendar year 2005, or tax year beginning		7/01/05 , and ending	6/30/06

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) Associated Bank	
(3) Branch Banking & Trust	
(4) Daimler Chrysler Motor Credit	
(5) Toyota Motor Credit	
(6) Toyota Motor Credit	
(7) SunTrust Bank	
(8) Bank of America	
(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) 34,155	3/07/06	2/28/11	monthly installments	7.680
(3) 575,000	2/04/02	12/05/07	monthly installments	6.750
(4) 35,416	4/13/06	4/13/09	monthly installments	7.790
(5) 15,186	2/23/06	2/23/07	monthly installments	3.920
(6) 19,133	11/04/05	11/01/08	monthly installments	4.930
(7) 540,000	10/24/95	1/31/06	monthly installments	7.500
(8) 500,000	2/06/02	1/31/06	Open	5.000
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) 2002 International 4300 4 x 2 truck	Truck purchase
(2) 2006 Dodge Sprinter van	Purchase van
(3) Land and buildings	Refinance for permanent financing
(4) 2006 Dodge Sprinter van	Purchase van
(5) 2006 Toyota fork lift	Purchase fork lift
(6) 2006 Toyota fork lift	Purchase fork lift
(7) Land & buildings	Purchase facility
(8) Signature	Line of credit
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	30,326	18,262
(2)		32,262
(3)	464,054	435,786
(4)		31,876
(5)		3,530
(6)		12,006
(7)	271,814	
(8)	175,000	
(9)		
(10)		
Totals	941,194	533,722

Tax-Exempt Bond LiabilitiesForm **990**

For calendar year 2005, or tax year beginning

7/01/05, and ending

6/30/06

2005

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	4.000
(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	3,430,000
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	3,600,000	3,430,000

Form **4562**
(Rev. January 2006)
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2005Attachment
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **Goodwill Industries
of Middle Georgia, Inc.**

Identifying number
58-1249683

Business or activity to which this form relates

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

1	Maximum amount See the instructions for a higher limit for certain businesses	1	105,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	420,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instr	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006 Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	557,855

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B-Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr	22	557,855
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2005) (Rev. 1-2006)

DAA

There are no amounts for Page 2

379 Goodwill Industries

58-1249683

FYE: 6/30/2006

Federal Statements

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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
1998 Ford Windstar	Purchase			2/21/01	9/14/05	\$ 3,196	\$ 12,102	\$ 12,102	\$ 3,196
1998 Crown Victoria	Purchase			7/29/98	10/24/05	2,373	21,867	21,867	2,373
1999 Chevy Suburban	Purchase			6/30/98	12/28/05	7,732	33,942	33,942	7,732
Land Laveta Street, Macon GA	Purchase			9/10/04	10/12/05	23,240	20,000		3,240
Total						<u>\$ 36,541</u>	<u>\$ 87,911</u>	<u>\$ 67,911</u>	<u>\$ 16,541</u>

Federal Statements

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

Description	Amount
Net Unrealized Gains on Investments	\$ 615
Total	\$ 615

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Goods purchased for resale	491,514	491,514		
Professional fees & services	347,646	246,047	91,348	10,251
Client transportation	5,854	5,854		
Dues and subscriptions	143,030	5,275	135,979	1,776
Pre-employment screening	34,410	33,379	907	124
Employee relations	74,522	18,504	55,893	125
Employee uniforms	7,233	6,726	127	380
Donated vehicle expense	27,109	27,109		
Bad debt	162,033	100,994	61,039	
Miscellaneous expenses	14,009	5,997	7,512	500
Bank charges	173,998	113,322	60,676	
Computer expenses	19,113	11,410	7,703	
Vehicle expense	283,378	266,880	16,136	362
Advertising - recruiting	14,482	8,477	4,289	1,716
Advertising - promotion	116,499	54,654	3,553	58,292
Bond amortization	40,597		40,597	
Disaster relief	31,630	31,630		
Total	\$ 1,987,057	\$ 1,427,772	\$ 485,759	\$ 73,526

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

Description	
During the year, the Organization reported on the number of individuals that:	
Received Vocational Assessment	25
Participated in Work Adjustment Training	137
Served in Transitional Sheltered Employment	6
Were served by Career Development Services	17,032
Obtained employment through Job Placement Services	534

Federal Statements

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

Description	Beginning of Year	End of Year	Basis of Valuation
Corporate Stock			
Mutual funds-equity securities	138,726	145,802	Market
Mutual funds-bonds	171,480	171,793	Market
	<u>310,206</u>	<u>317,595</u>	

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

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
Buildings & Improvements	\$ 4,812,186	\$ 533,886	\$ 6,126,213	\$ 740,649
Computers	629,494	623,206	635,001	629,589
Furniture & Fixtures	1,091,931	593,887	1,101,904	703,817
Leasehold improvements	1,003,207	581,599	1,009,790	670,887
Machinery & Equipment	1,077,918	840,340	1,214,003	927,279
Vehicles	895,897	766,502	1,059,136	769,985
	<u>1,070,447</u>		<u>1,070,447</u>	
Total	<u>\$10,581,080</u>	<u>\$ 3,939,420</u>	<u>\$12,216,494</u>	<u>\$ 4,442,206</u>

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

Description	Beginning of Year	End of Year
Assets held in deferred comp plan	\$ 32,528	\$ 64,406
Cost of bond issuance	118,432	112,588
Total	<u>\$ 150,960</u>	<u>\$ 176,994</u>

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

Description	Beginning of Year	End of Year
Payable to affiliate	\$ 90,725	\$ 378,768
Total	<u>\$ 90,725</u>	<u>\$ 378,768</u>

Federal Statements

5/3/2007 1:17 PM

Statement 10 - Form 990, Part VI, Line 82b - Donated Services

Description	Amount
Donated advertising	\$ 108,972
Total	\$ 108,972

Statement 11 - Form 990, Part VII, Line 103 - Other Revenue

Description	Business Code	Unrelated Amount	Exclusion Code	Exclusion Amount	Related Income
Custodial		\$	1	\$ 2,018	\$
Consulting			1	5,898	
Sale of scrap materials			1	4,678	
Refund of software purchase in prior years			1	2,534	
Adjustment to capital lease			1	19,745	
Total		\$ 0		\$ 34,873	\$ 0

379 Goodwill Industries

58-1249683

FYE: 6/30/2006

Federal Statements

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Statement 12 - Form 990, Part IX - Information Regarding Taxable Subsidiaries

Bus Name		Addr			
EIN	Ownership %	Nature of Activity		Income	EOY Assets
Edgar's LLC	100.0000	catering & convention		\$ 62,321	\$ 0
		5171 Eisenhower Parkway			
Total				\$ 62,321	\$ 0

Federal Statements**Statement 13 - Schedule A, Part III, Line 2c - Furnishing Goods, Services, or Facilities****Description**

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.

Members of the Board of Directors provided services to the organization, and were compensated for those services as follows:

Legal services	\$7,365
Advertising	\$22,788
Employee Assistance Plan services	\$3,969
Pre-employment screening and medical services	\$22,271
Architectural	\$20,978

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

See Part V, Form 990

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

Description	2004	2003	2002	2001
Career Fair	\$ 4,300	\$ 9,183	\$ 28,108	\$ 25,912
Instructional fees-career services & computer training	7,987	14,685	29,838	72,856
Miscellaneous reimbursements & sales tax vendors' compensation		13,811	20,647	18,396
Rental income	8,100	1,000	35,889	
Pension plan forfeitures			58,750	
Performance award		5,000	15,000	
Consulting	20,515	32,918		
Proceeds from insurance claim	14,400	60,000		
Sale of scrap metal	7,835			
Reimbursements	788			
Total	<u>\$ 63,925</u>	<u>\$ 136,597</u>	<u>\$ 188,232</u>	<u>\$ 117,164</u>

Goodwill Industries, Inc
58-1249683
Part V, Board of Directors Listing
FYE 6/30/06

Name and Address	Title and Estimated Hours Per Week	Compensation	Contribution to Employee Benefit Plan	Expense Account Or Allowance
SISTER MARY ROSINA BAYLISS, R.S.M. <i>Retired (Formerly Pres /Principal - Mt De Sales)</i> 1633 Wesleyan Drive # 111 Macon, GA 31210-0841	Director 0 75	0	0	0
DR. BOB MOON <i>Senior Pastor</i> Martha Bowman Memorial United Methodist Church 500 Bass Road Macon, GA 31210	Director 0 75	0	0	0
Bennett Yort Financial Advisor Merrill Lynch 933 Broad Street Augusta, GA 30901	Secretary 0 75	0	0	0
James L. Kendrick Owner Creative Colors, Inc & Augusta Blueprint 512 Reynolds Street Augusta, GA 30901	Director 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
ANDREW R. ROGERS <i>President</i> Lowe Plumbing Supply 3900 Lake Street Macon, GA 31204	Director 0 75	0	0	0
RAYMOND SMITH, JR. Smith, Brown and Groover 4001 Vineville Avenue Macon, GA 31210	Treasurer 0 75	0	0	0
JIM BOSSERMAN <i>Retired (Former Plant Manager at Armstrong)</i> 108 Saddle Run Court Macon, GA 31210	Director 0 75	0	0	0

Goodwill Industries, Inc
58-1249683
Part V, Board of Directors Listing
FYE 6/30/06

Name and Address	Title and Estimated Hours Per Week	Compensation	Contribution to Employee Benefit Plan	Expense Account Or Allowance
Robbin W. Morton President/CEO Secure Health Plans of Georgia, LLC 3920 Arkwright Road, Suite 405 Macon, GA 31210	Director 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	Chair 0 75	0	0	0
W. JONATHAN MARTIN II Constangy, Brooks and Smith, L L C 577 Mulberry Street Suite 710 Macon, GA 31210	Past Chair 0 75	0	0	0
EDWIN S. PRESNELL <i>Vice President of Administrative Services</i> Savannah River Plant Federal Credit Union P O Box 6730 North Augusta, SC 29861	Director 0 75	0	0	0
J. DAVID ROPER <i>Attorney</i> Wilhelms Haynes, L L C 237 Davis Road Augusta, GA 30907	Director 0 75	0	0	0
BROTHER STEWART <i>President/CEO</i> Bibb Distributing Company 6401 Hawkinsville Road Macon, GA 31216	Director 0 75	0	0	0
FRED (CAB) STITT <i>President</i> Portable Services, Inc P O Box 889 Evans, GA 30809	Vice Chair 0 75	0	0	0
Donald Bailey <i>President</i> The Augusta Chronicle 725 Broad Street Augusta, GA 30901	Director 0 75	0	0	0
Pamela Jo Browning <i>President & Publisher</i> The Macon Telegraph 120 Broadway Macon, GA 31201	Director 0 75	0	0	0

Goodwill Industries, Inc
58-1249683
Part V, Board of Directors Listing
FYE 6/30/06

Name and Address	Title and Estimated Hours Per Week	Compensation	Contribution to Employee Benefit Plan	Expense Account Or Allowance
Angie Gheesling <i>Executive Director</i> Milledgeville-Baldwin Country Development Authority 130 South Jefferson Street Milledgeville, GA 31061	Director 0 75	0	0	0
Charles Harmon, Jr. <i>Central Georgia Market President</i> Wachovia 484 Mulberry Street Macon, GA 31213	Director 0 75	0	0	0
Jan Hicks <i>Head of Upper School</i> Augusta Preparatory Day School 285 Flowing Wells Road Martinez, GA 30907	Director 0 75	0	0	0
Karen Hull <i>Community Leader</i> 709 Milledge Road Augusta, GA 30904	Director 0 75	0	0	0

Form **8868**

(Rev. December 2004)

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)

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)****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

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

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 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 |

- The books are in the care of ▶ **Laurie Tharpe**

Telephone No ▶ **478-475-9995**

FAX No ▶

- 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-months for a **Form 990-T corporation**) extension of time until **2/15/07**, 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 **7/01/05**, and ending **6/30/06**

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

\$ _____

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

• If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy.

Type or print File by the extended due date for filing the 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 5171 Eisenhower Parkway	For IRS use only
	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 (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 4720 | |

STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **Laurie Tharpe**

Telephone No **478-475-9995**

FAX No ☐

• 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 is for

- 4 I request an additional 3-month extension of time until **5/15/07**
- 5 For calendar year _____, or other tax year beginning **7/01/05**, and ending **6/30/06**
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension

Additional time is requested to gather information to prepare a complete and accurate return.

8a 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, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c Balance Due. Subtract line 8b from line 8a 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 *April Hornsby* Title CPA Date 2/10/07

Notice to Applicant-To Be Completed by the IRS

- ☐ We have approved this application Please attach this form to the organization's return
- ☐ We have not approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- ☐ We have not approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested
- ☐ Other

By _____

Director

Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name Howard, Moore & McDuffie, P.C.
	Number and street (include suite, room, or apt. no.) or a P.O. box number P.O. Box 4547
	City or town, province or state, and country (including postal or ZIP code) Macon GA 31208