

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return	Please use IRS label or print or type. See Specific Instructions.	C Name of organization GOODWILL INDUSTRIES OF MIDDLE GA OF MIDDLE GEORGIA INC		D Employer identification number 58-1249683
		Number and street (or P O box if mail is not delivered to street address) 5171 EISENHOWER PARKWAY	Room/suite	E Telephone number
		City or town, state or country, and ZIP + 4 MACON, GA 31206		F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

H	<i>and I are not applicable to section 527 organizations</i>	
H(a)	Is this a group return for affiliates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H(b)	If "Yes" enter number of affiliates ▶	<u> </u>
H(c)	Are all affiliates included?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(If "No," attach a list See instructions)	
H(d)	Is this a separate return filed by an organization covered by a group ruling?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I	Group Exemption Number ▶	
M	Check <input type="checkbox"/> if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)	

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	10,836,376		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d	889,707		
	e	Total (add lines 1a through 1d) (cash \$ <u>2,280,659</u> noncash \$ <u>9,445,424</u>)			1e	11,726,083
	2	Program service revenue including government fees and contracts (from Part VII, line 93) .			2	4,857,266
	3	Membership dues and assessments			3	
	4	Interest on savings and temporary cash investments			4	74,004
	5	Dividends and interest from securities			5	19,154
	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	(A) Securities		(B) Other	
		other than inventory	8a	10,983		
	b	Less cost or other basis and sales expenses	8b	1,753		
	c	Gain or (loss) (attach schedule)	8c	9,230		
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d	9,230
	9	Special events and activities (attach schedule) If any amount is from gaming , check here ► <input type="checkbox"/>				
	a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	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	32,542	
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	16,718,279	
Expenses	13	Program services (from line 44, column (B))			13	12,072,920
	14	Management and general (from line 44, column (C))			14	2,552,829
	15	Fundraising (from line 44, column (D))			15	296,370
	16	Payments to affiliates (attach schedule)			16	
	17	Total expenses Add lines 16 and 44, column (A)			17	14,922,119
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18	1,796,160
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	5,695,416
	20	Other changes in net assets or fund balances (attach explanation) 			20	-32,011
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	7,459,565

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
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule) <input type="checkbox"/>	25a	293,225	293,225	
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b			
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b and c	26	7,105,244	5,972,417	171,727
27	Pension plan contributions not included on lines 25a, b and c	27	136,712	96,226	5,370
28	Employee benefits not included on lines 25a - 27	28	598,985	571,819	8,343
29	Payroll taxes	29	494,543	422,748	11,626
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	509,702	443,945	13,192
34	Telephone	34	182,974	102,756	6,266
35	Postage and shipping	35	25,943	10,812	3,412
36	Occupancy	36	2,372,828	2,144,181	353
37	Equipment rental and maintenance	37	76,412	51,490	970
38	Printing and publications	38	30,681	17,324	10,018
39	Travel	39	149,855	71,846	12,864
40	Conferences, conventions, and meetings	40	66,226	11,802	14,624
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule) <input type="checkbox"/>	42	563,565	379,747	2,000
43	Other expenses not covered above (itemize)				
a	See Additional Data Table	43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	14,922,119	12,072,920	296,370

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? ▶ TO SERVE INDIVIDUALS WITH DISABILITIES AND OTHER SPECIAL NEEDS BY PROVIDING REHABILITATION SERVICES, TRAINING, EMPLOYMENT, AND OTHER OPPORTUNITIES TO THOSE INDIVIDUALS	Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)
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.)	
a SEE ATTACHED STATEMENT 18	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	12,072,920
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . ▶	12,072,920

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		1,241,983	45	2,164,682	
	46	Savings and temporary cash investments		228,223	46	245,961	
	47a	Accounts receivable	47a	396,940			
	b	Less allowance for doubtful accounts	47b	72,332	138,990	47c	324,608
	48a	Pledges receivable	48a	54,348			
	b	Less allowance for doubtful accounts	48b		252,757	48c	54,348
	49	Grants receivable		170,446	49	149,568	
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a		
	b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b		
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use		689,819	52	766,814	
	53	Prepaid expenses and deferred charges		135,507	53	176,101	
	54a	Investments—publicly-traded securities . <input checked="" type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		317,595	54a	363,650	
	b	Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b		
55a	Investments—land, buildings, and equipment basis	55a					
b	Less accumulated depreciation (attach schedule)	55b			55c		
56	Investments—other (attach schedule)			56			
57a	Land, buildings, and equipment basis	57a	13,493,936				
b	Less accumulated depreciation (attach schedule)	57b	4,989,643	7,774,288	57c	 8,504,293	
58	Other assets, including program-related investments (describe <input checked="" type="checkbox"/> _____)		176,994	58	 219,425		
59	Total assets (must equal line 74) Add lines 45 through 58		11,126,602	59	12,969,450		
Liabilities	60	Accounts payable and accrued expenses		958,033	60	1,143,303	
	61	Grants payable			61		
	62	Deferred revenue		130,663	62	189,065	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)			63		
	64a	Tax-exempt bond liabilities (attach schedule)		3,430,000	64a	 3,255,000	
	b	Mortgages and other notes payable (attach schedule)		533,722	64b	 465,448	
	65	Other liabilities (describe <input checked="" type="checkbox"/> _____)		378,768	65	 457,069	
66	Total liabilities Add lines 60 through 65		5,431,186	66	5,509,885		
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		5,590,416	67	7,414,191	
	68	Temporarily restricted		105,000	68	45,374	
	69	Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid-in or capital surplus, or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds			72		
	73	Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		5,695,416	73	7,459,565	
	74	Total liabilities and net assets / fund balances Add lines 66 and 73		11,126,602	74	12,969,450	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)						
a	Total revenue, gains, and other support per audited financial statements	a	17,069,233			
b	Amounts included on line a but not on Part I, line 12	b				
1	Net unrealized gains on investments				b1	26,379
2	Donated services and use of facilities				b2	324,575
3	Recoveries of prior year grants				b3	
4	Other (specify) _____				b4	
	Add lines b1 through b4	b	350,954			
c	Subtract line b from line a	c	16,718,279			
d	Amounts included on Part I, line 12, but not on line a :	d				
1	Investment expenses not included on Part I, line 6b				d1	
2	Other (specify) _____				d2	
	Add lines d1 and d2	d	350,954			
e	Total revenue (Part I, line 12) Add lines c and d	e	16,718,279			

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return						
a	Total expenses and losses per audited financial statements	a	15,305,084			
b	Amounts included on line a but not on Part I, line 17	b				
1	Donated services and use of facilities				b1	324,575
2	Prior year adjustments reported on Part I, line 20				b2	
3	Losses reported on Part I, line 20				b3	
4	Other (specify) _____				b4	58,390
	Add lines b1 through b4	b	382,965			
c	Subtract line b from line a	c	14,922,119			
d	Amounts included on Part I, line 17, but not on line a :	d				
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	14,922,119			

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.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Additional Data Table				

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <u>19</u>			
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	No
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 the organization? See the instructions for the definition of "related organization" ▶ If "Yes," attach a statement that includes the information described in the instructions		75c	No
d Does the organization have a written conflict of interest policy?		75d	Yes

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.)
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(A) Name and address	(B) Loans and Advances	(C) Compensation (If not paid enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information <i>(See the instructions.)</i>		Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		76	No
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	No
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		78a	No
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	No
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	No
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 or indirect political expenditures (See line 81 instructions) 81a _____		81b	
b Did the organization file Form 1120-POL for this year?			

Part VIOther Information (continued)

YesNo

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

Yes

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

324,575

83a

Did the organization comply with the public inspection requirements for returns and exemption applications?

83a

Yes

b

Did the organization comply with the disclosure requirements relating to quid pro quo contributions?

83b

Yes

84a

Did the organization solicit any contributions or gifts that were not tax deductible?

84a

No

b

If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

84b

85

501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?

85a

b

Did the organization make only in-house lobbying expenditures of \$2,000 or less?

85b

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 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?

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?

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

88a

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

88a

Yes

b

At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes, complete Part XI

88b

No

89a

501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955

89a

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

No

c

Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958

89c

d

Enter Amount of tax on line 89c, above, reimbursed by the organization

89d

e

All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?

89e

No

f

All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?

89f

No

g

For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

89g

No

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, 2006. (See instructions.)

90b

364

91a

The books are in care of

LAURIE THARPE

Telephone no

(478) 475-9995

5771 EISENHOWER PKWY

Located at

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

No

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

Form 990 (2006)

Part VI

Other Information (continued)

c

At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

Yes

No

No

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 section 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	RETAIL SALES, NET				1,931,956
b	CONTRACT SERVICES				1,417,215
c	MANAGEMENT FEES				720,897
d	HOSPITALITY				787,198
e					
f	Medicare/Medicaid payments				
g	Fees and contracts from government agencies				
94	Membership dues and assessments				
95	Interest on savings and temporary cash investments		14	74,004	
96	Dividends and interest from securities		14	19,154	
97	Net rental income or (loss) from real estate				
a	debt-financed property				
b	non 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				9,230
101	Net income or (loss) from special events				
102	Gross profit or (loss) from sales of inventory				
103	Other revenue a MISCELLANEOUS		1	1,423	
b	CONSULTING		1	1,573	
c	SALE OF SCRAP MATERIALS		1	11,529	
d	BAD DEBT RECOVERY		1	18,017	
e					
104	Subtotal (add columns (B), (D), and (E))			125,700	4,866,496
105	Total (add line 104, columns (B), (D), and (E))				4,992,196

Note: Line 105 plus line 1e, 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
EDGAR'S LLC 5171 EISENHOWER PARKWAY MACON, GA31206 58-1249683	100 00 %	CATERING & CONVENTION	-682,793	-682,793
	%			
	%			
	%			

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

No

(b)

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

Yes

No

No

NOTE:

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

Part XI

Information Regarding Transfers To and From Controlled Entities

Complete only if the organization is a controlling organization as defined in section 512(b)(13)

106	Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No	
			No	
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

107	Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity	Yes	No	
			No	
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
Totals				

108	Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?	Yes	No

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

2008-02-14

Date

JAMES K STIFF, PRESIDENT/CEO

Type or print name and title

Paid Preparer's Use Only	Preparer's signature	GEORGIA G SLAGLE	Date	2008-02-14	Check if self-employed	<input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed), address, and ZIP + 4 HOWARD MOORE & MCDUFFIE PC PO BOX 4547 MACON, GA 31208						EIN
							Phone no.

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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
Supplementary Information—(See separate instructions.)
▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2006

Name of the organization
GOODWILL INDUSTRIES OF MIDDLE GA
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 2 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 benefit plans & deferred compensation	(e) Expense account and other allowances
MEREDITH B VASQUEZ 5171 EISENHOWER PKWY MACON, GA 31206	EXEC DIR 40 00	164,604	13,999	0
DAVID C BECKER 5171 EISENHOWER PKWY MACON, GA 31206	VP SERVICES 40 00	131,050	12,188	0
HENRY SENN 5171 EISENHOWER PKWY MACON, GA 31206	VP CONTRACT 40 00	106,580	10,660	0
LAINÉ DREHER 5171 EISENHOWER PKWY MACON, GA 31206	VP HUMAN RES 40 00	90,769	13,873	0
LAURIE THARPE 5171 EISENHOWER PKWY MACON, GA 31206	DIR OF FIN 40 00	81,777	8,358	0
Total number of other employees paid over \$50,000 ▶	8			

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
ENGINEERING CONTRACTORS INC 1874 PIEDMONT ROAD NE STE 460-D ATLANTA, GA 30324	CONSTRUCTION	387,405
AMERSON CONSTRUCTION CO		
3855 MELROSE STREET MACON, GA 31204	CONSTRUCTION	189,965
SUZANNE MACCRONE		
4860 FORSYTH ROAD MACON, GA 31210	INTERIOR DESIGN	99,356
Total number of others receiving over \$50,000 for professional services ▶		

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 for 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 ▶		

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, include 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 1 of Part VI-B)	1		No
	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 property?	2a		No
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c	Yes	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? 📄	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		No
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ► _____			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► 0 _____			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► 0 _____			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I

☐ Type II

☐ Type III - Functionally Integrated

☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total ▶					

- 14

☐

An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	11,308,338	7,979,872	6,623,139	6,146,436	32,057,785
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	4,231,725	5,109,925	6,742,605	7,443,076	23,527,331
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	32,229	16,248	13,952	16,877	79,306
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	34,873	63,925	136,597	188,232	423,627
23	Total of lines 15 through 22	15,607,165	13,169,970	13,516,293	13,794,621	56,088,049
24	Line 23 minus line 17	11,375,440	8,060,045	6,773,688	6,351,545	32,560,718
25	Enter 1% of line 23	156,072	131,700	135,163	137,946	
26	Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24				26a	651,214
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 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts				26b	173,786
c	Total support for section 509(a)(1) test Enter line 24, column (e)				26c	32,560,718
d	Add Amounts from column (e) for lines 18 79,306 19 0 22 26 b 173,786				26d	676,719
e	Public support (line 26c minus line 26d total)				26e	31,883,999
f	Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f	97 92 %
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 (2005) (2004) (2003) (2002)					
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 (2005) (2004) (2003) (2002)					
c	Add Amounts from column (e) for lines 15 16 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 from 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 2002 through 2005, 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)

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	Yes	No
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	32a		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32b		
b	Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?	32c		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32d		
d	Copies of all material used by the organization or on its behalf to solicit contributions?			
	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	33a		
a	Students' rights or privileges?	33b		
b	Admissions policies?	33c		
c	Employment of faculty or administrative staff?	33d		
d	Scholarships or other financial assistance?	33e		
e	Educational policies?	33f		
f	Use of facilities?	33g		
g	Athletic programs?	33h		
h	Other extracurricular activities?			
	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 10 of the instructions.)

(To be completed ONLY by an eligible organization that filed Form 5768)


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		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term "expenditures" means amounts paid or incurred)			
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— <div><div>If the amount on line 40 is—</div><div>The lobbying nontaxable amount is—</div><div>Not over \$500,00020% of the amount on line 40</div><div>Over \$500,000 but not over \$1,000,000\$100,000 plus 15% of the excess over \$500,000</div><div>Over \$1,000,000 but not over \$1,500,000\$175,000 plus 10% of the excess over \$1,000,000</div><div>Over \$1,500,000 but not over \$17,000,000\$225,000 plus 5% of the excess over \$1,500,000</div><div>Over \$17,000,000\$1,000,000</div></div>	41	
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 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 13 of the instructions.)

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	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			
If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities			

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

	Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of		
(i) Cash		No
(ii) Other assets		No
b Other transactions		
(i) Sales or exchanges of assets with a noncharitable exempt organization		No
(ii) Purchases of assets from a noncharitable exempt organization		No
(iii) Rental of facilities, equipment, or other assets		No
(iv) Reimbursement arrangements		No
(v) Loans or loan guarantees		No
(vi) Performance of services or membership or fundraising solicitations		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.		

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

[illegible]

Form

4562

Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No 1545-0172

2006

Attachment Sequence No 67

Name(s) shown on return GOODWILL INDUSTRIES OF MIDDLE GA OF MIDDLE GEORGIA INC	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 58-1249683
--	--	--------------------------------------

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	\$ 108,000
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	\$ 430,000
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 instructions	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 2005 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 2007 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 qualified New York Liberty or Gulf Opportunity 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	563,565

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 2006	17	
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"/>		

(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 2006 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	563,565
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	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution:See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?						Yes No			24b If "Yes," is the evidence written?				Yes No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention		(h) Depreciation/ deduction		(i) Elected section 179 cost				
25 Special allowance for qualified New York Liberty or Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25								
26 Property used more than 50% in a qualified business use														
		%												
		%												
		%												
27 Property used 50% or less in a qualified business use														
		%				S/L -								
		%				S/L -								
		%				S/L -								
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28								
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1								29						

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2006 tax year (see instructions)					
43 Amortization of costs that began before your 2006 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

Additional Data

Software ID:
Software Version:
EIN: 58-1249683
Name: GOODWILL INDUSTRIES OF MIDDLE GA
OF MIDDLE GEORGIA INC

Form 990, Part II, Line 43 - Other expenses not covered above (itemize):

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
a EXPENSES	43a				
b GOODS PURCHASED FOR RESALE	43b	792,889	792,721	168	
c PROFESSIONAL FEES & SERVICES	43c	323,589	219,149	92,131	12,309
d CLIENT TRANSPORTATION	43d	4,543	4,543		
e DUES AND SUBSCRIPTIONS	43e	173,284	12,308	158,336	2,640
f PRE-EMPLOYMENT SCREENING	43f	35,600	33,984	1,511	105
g EMPLOYEE RELATIONS	43g	88,901		88,778	123
h EMPLOYEE UNIFORMS	43h	20,229	19,569	606	54
i DONATED VEHICLE EXPENSE	43i	56,277	56,277		
j BAD DEBT	43j	23,844	23,844		
k MISCELLANEOUS EXPENSES	43k	6,353	500	5,003	850
l TRANSACTION PROCESSING FEES	43l	191,246	132,951	58,251	44
m COMPUTER EXPENSES	43m	71,812	47,046	24,667	99
n VEHICLE EXPENSE	43n	241,750	215,589	25,258	903
o ADVERTISING - RECRUITING	43o	17,656	14,060	3,021	575
p ADVERTISING - PROMOTION	43p	223,275	203,266	3,803	16,206
q BOND AMORTIZATION	43q	42,279		42,279	
r CONTRIBUTIONS TO OTHERS	43r	1,697			1,697

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
JAMES K STIFF 5171 EISENHOWER MACON,GA 31206	PRES/CEO 40 00	273,362	19,863	0
DR JO ANN JONES 378 SEABROOK LANE MILLEDGEVILLE,GA 31061	PAST CHAIR 0 75	0	0	0
ANDREW R ROGERS 3900 LAKE STREET MACON,GA 31204	DIRECTOR 0 75	0	0	0
J DAVID ROPER 429 BAKERS FERRY TRAIL MARTINEZ,GA 30907	VICE CHAIR 0 75	0	0	0
BROTHER STEWART 6401 HAWKINSVILLE ROAD MACON,GA 31216	DIRECTOR 0 75	0	0	0
FRED CAB STITT P O BOX 889 EVANS,GA 30809	VICE CHAIR 0 75	0	0	0
DONALD BAILEY 725 BROAD STREET AUGUSTA,GA 30901	DIRECTOR 0 75	0	0	0
PAMELA JO BROWNING 120 BROADWAY MACON,GA 31201	DIRECTOR 0 75	0	0	0
ANGIE GHEESLING 130 SOUTH JEFFERSON STREET MILLEDGEVILLE,GA 31061	DIRECTOR 0 75	0	0	0
KAREN HULL 709 MILLEDGE ROAD AUGUSTA,GA 30904	DIRECTOR 0 75	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SISTER MARY ROSINA BAYLISS RSM 1633 WESLEYAN DRIVE 111 MACON,GA 312100841	VICE CHAIR 0 75	0	0	0
DR BOB MOON 500 BASS ROAD MACON,GA 31210	DIRECTOR 0 75	0	0	0
BENNETT YORT 933 BROAD STREET AUGUSTA,GA 30901	SECRETARY 0 75	0	0	0
JAMES L KENDRICK 512 REYNOLDS STREET AUGUST,GA 30901	DIRECTOR 0 75	0	0	0
ANNE V GORMLY CBX 024 OFFICE OF ACADEMIC AFFAIRS MILLEDGEVILLE,GA 31061	DIRECTOR 0 75	0	0	0
ECLEAMUS L RICKS 171 EMERY HIGHWAY MACON,GA 31217	DIRECTOR 0 75	0	0	0
CHARLES CHUCK SMITH IV 382 BARNSLEY DRIVE EVANS,GA 30809	DIRECTOR 0 75	0	0	0
JOSEPH D GREENE 2500 WALTON WAY AUGUSTA,GA 30904	DIRECTOR 0 75	0	0	0
ROBBIN W MORTON 3920 ARKWRIGHT ROAD SUITE 405 MACON,GA 31210	TREASURER 0 75	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2006 Gain/Loss from Sale of Other Assets Schedule

Name: GOODWILL INDUSTRIES OF MIDDLE GA
OF MIDDLE GEORGIA INC

EIN: 58-1249683

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Sales Expenses	Total (net)	Accumulated Depreciation
1999 FORD SUPERDUTY VAN	1998-09	PURCHASE	2007-03			26,865			26,865
1998 WINDSTAR VAN	1998-07	PURCHASE	2007-05		10,983	22,261		10,983	22,261
1998 PLYMOUTH VOYAGER	1998-06	PURCHASE	2006-07			19,360			19,360
1998 FORD TAURUS SE	1998-08	PURCHASE	2007-04			15,984			15,984
1996 MERCURY MYSTIQUE	2005-04	PURCHASE	2007-06			3,187		-1,753	1,434

TY 2006 Land etc. Schedule

Name: GOODWILL INDUSTRIES OF MIDDLE GA
OF MIDDLE GEORGIA INC

EIN: 58-1249683

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
BUILDINGS & IMPROVEMENTS	7,151,353	970,238	6,181,115
COMPUTERS	648,321	636,365	11,956
FURNITURE & FIXTURES	1,213,527	812,331	401,196
LEASEHOLD IMPROVEMENTS	1,039,940	753,581	286,359
MACHINERY & EQUIPMENT	1,352,860	1,026,074	326,786
VEHICLES	1,017,488	791,054	226,434
	1,070,447		1,070,447

TY 2006 Mortgages and Notes Payable Schedule

Name: GOODWILL INDUSTRIES OF MIDDLE GA
OF MIDDLE GEORGIA INC

EIN: 58-1249683

Total Mortgage Amount:

Item No.	1
Lender's Name	NEW SOUTHERN BANK
Lender's Title	
Relationship to Insider	
Original Amount of Loan	58191
Balance Due	5627
Date of Note	2002-10
Maturity Date	2007-11
Repayment Terms	MONTHLY INSTALLMENTS
Interest Rate	0.0625
Security Provided by Borrower	2002 INTERNATIONAL 4300 4 X 2 TRUCK
Purpose of Loan	TRUCK PURCHASE
Description of Lender Consideration	
Consideration FMV	

Item No.	2
Lender's Name	ASSOCIATED BANK
Lender's Title	
Relationship to Insider	
Original Amount of Loan	34155
Balance Due	26284
Date of Note	2006-03
Maturity Date	2011-02
Repayment Terms	MONTHLY INSTALLMENTS
Interest Rate	0.0768
Security Provided by Borrower	2006 DODGE SPRINTER VAN
Purpose of Loan	PURCHASE VAN
Description of Lender Consideration	
Consideration FMV	

Item No.	3
Lender's Name	BRANCH BANKING TRUST
Lender's Title	
Relationship to Insider	
Original Amount of Loan	575000
Balance Due	403408
Date of Note	2002-02
Maturity Date	2007-12
Repayment Terms	MONTHLY INSTALLMENTS
Interest Rate	0.0675
Security Provided by Borrower	LAND AND BUILDINGS
Purpose of Loan	REFINANCE FOR PERMANENT FINANCING
Description of Lender Consideration	
Consideration FMV	

Item No.	4
Lender's Name	DAIMLER CHRYSLER MOTOR CREDIT
Lender's Title	
Relationship to Insider	
Original Amount of Loan	35416
Balance Due	21697
Date of Note	2006-04
Maturity Date	2009-04
Repayment Terms	MONTHLY INSTALLMENTS
Interest Rate	0.0779
Security Provided by Borrower	2006 DODGE SPRINTER VAN
Purpose of Loan	PURCHASE VAN
Description of Lender Consideration	
Consideration FMV	

Item No.	5
Lender's Name	TOYOTA MOTOR CREDIT
Lender's Title	
Relationship to Insider	
Original Amount of Loan	15186
Balance Due	
Date of Note	2006-02
Maturity Date	2007-02
Repayment Terms	MONTHLY INSTALLMENTS
Interest Rate	0.0392
Security Provided by Borrower	2006 TOYOTA FORK LIFT
Purpose of Loan	PURCHASE FORK LIFT
Description of Lender Consideration	
Consideration FMV	

Item No.	6
Lender's Name	TOYOTA MOTOR CREDIT
Lender's Title	
Relationship to Insider	
Original Amount of Loan	19133
Balance Due	8432
Date of Note	2005-11
Maturity Date	2008-11
Repayment Terms	MONTHLY INSTALLMENTS
Interest Rate	0.0493
Security Provided by Borrower	2006 TOYOTA FORK LIFT
Purpose of Loan	PURCHASE FORK LIFT
Description of Lender Consideration	
Consideration FMV	

TY 2006 Officer Compensation Schedule

Name: GOODWILL INDUSTRIES OF MIDDLE GA
OF MIDDLE GEORGIA INC

EIN: 58-1249683

	Compensation	EE Benefit Plans	Expense Acct
Program Services			
Mgmt & General	293,225		
Fundraising			

TY 2006 Other Assets Schedule

Name: GOODWILL INDUSTRIES OF MIDDLE GA
OF MIDDLE GEORGIA INC

EIN: 58-1249683

Description	Beginning of Year Amount	End of Year Amount
ASSETS HELD IN DEFERRED COMP PLAN	64,406	115,771
COST OF BOND ISSUANCE,NET	112,588	103,654

TY 2006 Other Changes in Net Assets Schedule

Name: GOODWILL INDUSTRIES OF MIDDLE GA
OF MIDDLE GEORGIA INC

EIN: 58-1249683

Description	Amount
NET UNREALIZED GAINS ON INVESTMENTS	26,379
BOOK / TAX DEPREC DIFFERENCE	-58,390

TY 2006 Other Liabilities Schedule

Name: GOODWILL INDUSTRIES OF MIDDLE GA
OF MIDDLE GEORGIA INC
EIN: 58-1249683

Description	Beginning of Year Amount	End of Year Amount
PAYABLE TO AFFILIATE	378,768	457,069

TY 2006 Tax-Exempt Bond Liabilities Schedule

Name: GOODWILL INDUSTRIES OF MIDDLE GA
OF MIDDLE GEORGIA INC

EIN: 58-1249683

Item No.	1
Name of Issue	BANK OF AMERICA
Purpose	CONSTRUCTION EDUCATIONAL FACILITIES
Amount Outstanding	3255000
Unexpended Bond Proceeds	
Third Party Use	
Space Percentage	
Maturity Date	2023-10
Repayment Terms	ANNUAL INSTALLMENTS
Interest Rate	3.88 %
Security	LETTER OF CREDIT

TY 2006 Other Income Schedule

Name: GOODWILL INDUSTRIES OF MIDDLE GA
OF MIDDLE GEORGIA INC

EIN: 58-1249683

Description	2003	2002	2001	2000	Total
CAREER FAIR		4,300	9,183	28,108	41,591
COMPUTER TRAINING FEES		7,987	14,685	29,838	52,510
MISCELLANEOUS REIMBURSEMENTS	4,552	788	13,811	20,647	39,798
RENTAL INCOME		8,100	1,000	35,889	44,989
PENSION PLAN FORFEITURES				58,750	58,750
PERFORMANCE AWARD			5,000	15,000	20,000
CONSULTING	5,898	20,515	32,918		59,331
PROCEEDS FROM INSURANCE CLAIM		14,400	60,000		74,400
SALE OF SCRAP METAL	4,678	7,835			12,513
CAPITAL LEASE ADJUSTMENT	19,745				19,745

TY 2006 Self Dealing Statement

Name: GOODWILL INDUSTRIES OF MIDDLE GA
OF MIDDLE GEORGIA INC

EIN: 58-1249683

Line Number	Explanation
2c	MEMBERS OF THE BOARD OF DIRECTORS PROVIDED SERVICES TO THE ORGANIZATION, AND WERE COMPENSATED FOR THOSE SERVICES AS FOLLOWS: LEGAL SERVICES 7,022 ADVERTISING 39,052 EMPLOYEE ASSISTANCE PLAN SERVICES 4,300 BEVERAGES 3,961

Line Number	Explanation
2d	SEE PART V, FORM 990

Form **8453-EO****Exempt Organization Declaration and Signature for
Electronic Filing**

OMB No. 1545-1879

For calendar year 2006, or tax year beginning 7/01/06, and ending 6/30/07**2006**

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Department of the Treasury
Internal Revenue Service

▶ See instructions on back.

Name of exempt organization

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

Employer identification number

58-1249683**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (that is, do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b <u>16,718,279</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration of Officer

- 6 ☐ I authorize the U S Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U S Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- ☐ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS an acknowledgement of receipt or reason for rejection of the transmission, (a) (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and the date of any refund (d)

Sign Here ▶ James K. Satt | 2/14/08 ▶ President/CEO
Signature of officer Date Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's signature ▶ <u>Georgia G Slagle</u>	Date <u>2-11-08</u>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u>P00083775</u>
Firm's name (or yours if self-employed), address, and ZIP code ▶ <u>Howard, Moore & McDuffie, P.C.</u>	EIN <u>58-1484212</u>			
<u>P.O. Box 4547</u>	<u>Macon</u>	Phone no. <u>478-742-5317</u>		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature ▶ _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN _____
	Firm's name (or yours if self-employed), address, and ZIP code ▶ _____	EIN _____		
		Phone no. _____		

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2006)

GOODWILL INDUSTRIES OF MIDDLE GA
58-1249683
FYE:6/30/2007

Statement 18 – Form 990, Part III, Line a – Statement of Program Service Accomplishments

Goodwill Industries of Middle Georgia and the Central Savannah River Area's (Goodwill Industries of Middle Georgia, Inc.) mission is to build lives, families, and communities — one job at a time— by helping people discover and develop their God-given gifts through work and career development services.

According to our 2010 Strategic Plan, we have set forth the following three overarching business goals to guide our work each year.

- We will do well so we can do good.
- We will engage more people and more businesses in Goodwill.
- We will develop Goodwill staff, people served, and volunteers.

Our organization's values are the guidelines for how our employees strive to treat each other as we work together to achieve our mission and business goals. Below is our values statement:

I am proud to be Goodwill.

Service – I will practice service above self.

Ownership – I will take ownership of Goodwill's goals

Accountable – I will be accountable.

Respect – I will respect others and act with integrity

When all of our employees exhibit these values every day, our organizations can "SOAR" to new heights as a human and economic development organization.

Over the past five years, our local Goodwill has placed 4,174 people into jobs and created more than \$93 million in new payroll purchasing power.

We work diligently to achieve "double bottom line" results for each business that we operate. Our goal is to generate revenue and job training opportunities for people who want to work. Below you will find a brief description and bulleted outcomes for each of our business lines for fiscal year 2006-2007.

Career Services

Goodwill offers job training and placement programs for people who want to work via the Job ConnectionSM and South Augusta One Stop. Services include vocational assessments, career counseling, case management, resume preparation, interview skill seminars, computer classes, job search assistance, and other specialized programs.

- Assisted 795 unemployed people to obtain jobs, and provided intensive services to 4,029 individuals.
- Provided 204,420 hours of training to people with barriers to employment and 2,638 hours of training to senior citizens re-entering the workforce.
- Served 177 individuals with disabilities in partnership with the Georgia Division of Rehabilitation Services.
- Served 42 pregnant and parenting teens through TAKE CHARGESSM, a holistic program with a documented repeat pregnancy rate of only 4% over the past three years

Statement 18 – Form 990, Part III, Line a – Statement of Program Service Accomplishments

- Provided services to 286 individuals transitioning from homelessness through WORKing SolutionsSM job training and placement program
- Provided training in Medical Billing and PC repair to 18 students CareerLINKSM. Ten students received their Medical Billing certification from AMBA, and two students are studying to take the COMP TIA certification exam for A+ (PC Repair).
- Renovated the South Augusta One Stop Career Center and Job ConnectionSM resulting in increased number of businesses and job seeking customers

Industrial & Contract Services

Goodwill's Contracts Department is the second largest generator of revenue for our organization. Organizations like Cox Communications, Kohl's, and the Federal Government outsource their supplementary work to Goodwill. In addition, Goodwill also provides janitorial services and cleans over 1.5 million square feet per day. Contracts provide valuable job training for Goodwill trainees, many of whom have severe disabilities.

- Managed \$4.5 million in contracts, yielding 14.24% in net revenue.
- Provided over 120,000 training hours to people, most of whom have severe disabilities or barriers to employment.
- Managed Good Vocations, Inc.
- Appointed as the designated subcontractor on a national Ability One vehicle up fitting contract in partnership with Skookum Contract Services.

Automotive Services

The community's generous donations of cars, boats and other vehicles serve as raw material to provide automotive skills training for automotive technology trainees. The donated vehicles are sold in a weekly car sale, and the revenue enables Goodwill trainees to "earn while they learn". In addition, Goodwill's Automotive Center provides vehicle maintenance and repair services to individuals and business customers.

- Offered over 7,000 job training hours in automotive technology and internship opportunities for students from Hutchings Career Center and Central Georgia Technical College.
- Approved as an (ITA) Individual Training Account Provider for the State of Georgia.
- Sold 373 vehicles at our weekly car sales, with an average price of \$907 per vehicle.
- Provided regular fleet maintenance to 51 commercial fleet accounts.

Hospitality Services

Edgar's Hospitality, which includes Edgar's Bistro, Edgar's Catering, The Anderson Conference Center and Polly's Hospitality Institute (PHI), is Goodwill's newest job training business. Hospitality operations generate revenue and provide on-the-job training for students in PHI's culinary arts program.

- Opened the Goodwill Employee Cafeteria in August 2006.
- Opened Edgar's Bistro fine dining restaurant in November 2006, and served 8,816 guests from November 2006 – June 2007.
-

GOODWILL INDUSTRIES OF MIDDLE GA
58-1249683
FYE:6/30/2007

Statement 18 – Form 990, Part III, Line a – Statement of Program Service Accomplishments

- Performed all food service operations for the Kohl's Distribution Center since February 2007.
- Catered 134 events at the Anderson Conference Center this past year, introducing 22,335 new customers to Goodwill's mission.
- Distributed more than 500 free meals to needy individuals through a partnership with Christ Episcopal Church.
- Offered Community Cooking Classes in Fall 2006, which focused on cuisine from different regions of the world. The Spring 2007 series of classes featured recipes from Polly Long Denton's cookbook "Cooking with the P."
- Donated \$150,000 in sponsorship discounts (room and food) to local charitable organizations.

www.edgarshospitality.com

Retail & Contributed Goods

Goodwill's retail department generates 59% of the revenue for our organization and allows for hands-on job training in retail and customer service where Goodwill trainees "catch" work ethic. The community's generous donations are sold in upscale retail stores, where 84 cents of every dollar underwrites our job training and placement missions.

- Increased retail revenue to exceed \$11.6 million, a 5.5 percent increase over the prior year.
- Collected donations from 392,472 donors totaling 19,623,600 pounds of donations to support Goodwill's mission
- Converted each donor's contributed goods into an average of \$28.80 per donor.
- Ranked in the top 25 Goodwill's world wide for three retail benchmarks, including 4th in the country for our low expense to revenue ratio, according to the Goodwill Industries International Retail Program Critical Performance Factors Report.

Advancement and Administration

- Raised over \$5.1 million to complete Goodwill's first Capital Campaign. This included the unveiling of the Anderson Conference Center and the John S. and James L. Knight Resource Center.
- Participated in community partnerships including: Santa Wheels, the third annual Cox Good Books Reading Adventure, Girl Scout Good Turn Day and hosted 10 community donation drives.
- Garnered 10,320 generous in-kind advertisements and media support valued at \$324,575.
- Reinvested in the community Good Samaritan Clothing Vouchers valued at almost \$8,000.
- Raised more than \$50,000 via the second annual Goodwill Gala on November 30, 2006.
- Recruited 496 new volunteers, including 21 college interns, representing more than 22,000 hours of volunteer service. Boasted a 26% increase over the prior year.
- Hired Loss Prevention Manager and Loss Prevention Receiving Specialist to implement loss prevention controls and audit systems, access control and camera systems.
-

GOODWILL INDUSTRIES OF MIDDLE GA
58-1249683
FYE:6/30/2007

Statement 18 – Form 990, Part III, Line a – Statement of Program Service Accomplishments

- Shipped 59,511 pounds of clothing to Costa Rica to develop a partnership with a local Methodist Church which established one of several planned retail stores, employed seven people, and will support the local Goodwill Affiliate
- Employed 525 people.