

FOUNTAIN, ARRINGTON, BASS, MERCER & LEE, P.C.
P O BOX 4768
COLUMBUS GA 31914-0768
706-322-5482

05-11-2007

20-4400009
BEN & JERRY'S OF THE SOUTHERN RIVERS, INC.

INSTRUCTIONS FOR FILING 2006 FEDERAL FORM 990

.THE TRUSTEE/OFFICER REPRESENTING THE ORGANIZATION MUST SIGN THE RETURN.

.MAIL YOUR RETURN ON OR BEFORE 05-15-2007 TO:

INTERNAL REVENUE SERVICE CENTER
OGDEN UT 84201-0027

.MAIL STATE COPY TO: GEORGIA DEPARTMENT OF REVENUE
.....GEORGIA TAXPAYER SERVICES DIVISION
.....1800 CENTURY CENTER BLVD. N.E., SUITE 7100
.....ATLANTA, GA 30345-3205

BEN & JERRY'S OF THE SOUTHERN RIVERS,
INC.
2006 TAX RETURN

FOUNTAIN, ARRINGTON, BASS, MERCER
P O BOX 4768
Columbus GA 31914-0768
706-322-5482

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)

2006

Department of the Treasury Internal Revenue Service

Open to Public Inspection

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

Form 990 header section including: A For the 2006 calendar year, or tax year beginning... B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending... C Name of organization: BEN & JERRY'S OF THE SOUTHERN RIVERS, INC... D Employer identification number: 20-4400009... E Telephone number: (706) 324-4366... F Acctg. method: Accrual... G Website: N/A... J Organization type: 501(c)(3)... L Gross receipts: 252,346

Table with 21 rows and 4 columns: Line number, Description, Sub-column (a, b, c, d), and Total amount. Rows include: 1 Contributions, gifts, grants... 2 Program service revenue... 3 Membership dues... 4 Interest on savings... 5 Dividends... 6a-6c Gross rents... 7 Other investment income... 8a-8c Sales of assets... 9 Special events... 10a-10c Sales of inventory... 11 Other revenue... 12 Total revenue... 13-17 Expenses... 18-21 Net assets.

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 sched.) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck. 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)	25a				
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	93,019	93,019		
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27. . .	28	5,055	5,055		
29	Payroll taxes	29	7,033	7,033		
30	Professional fundraising fees	30				
31	Accounting fees	31	316	316		
32	Legal fees	32				
33	Supplies	33	21,600	20,724	876	
34	Telephone	34	1,591	1,591		
35	Postage and shipping	35	121	121		
36	Occupancy	36	30,824	30,824		
37	Equipment rental and maintenance	37	163	163		
38	Printing and publications	38	1,344	1,344		
39	Travel	39	8,727	8,727		
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule) . . #2	42	17,490	17,490		
43	Other expenses not covered above (itemize):					
a	SEE ATTACHMENT #3	43a	31,319	31,319		
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	218,602	217,726	876	0

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) aggregate amount of these joint costs \$ _____; (ii) 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 ATTACHMENT #4	Program Service Expenses
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.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE ATTACHMENT #5 _____ _____ _____ _____	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	217,726
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) ►	217,726

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	45 29,597
	46	Savings and temporary cash investments	46
	47a	Accounts receivable	47a 22
	b	Less: allowance for doubtful accounts	47b 47c 22
	48a	Pledges receivable	48a
	b	Less: allowance for doubtful accounts	48b 48c
	49	Grants receivable	49
	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(f)(1)) and persons described in 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	52 13,286
	53	Prepaid expenses and deferred charges	53 7,507
	54a	Investments -- publicly-traded securities	54a
	b	Investments -- other securities (attach schedule)	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 #6	57a 444,144
b	Less: accumulated depreciation (attach schedule)	57b 17,490 57c 426,654	
58	Other assets, including program-related investments (describe	58	
59	Total assets (must equal line 74). Add lines 45 through 58	0 59 477,066	
LIABILITIES	60	Accounts payable and accrued expenses	60 73,203
	61	Grants payable	61
	62	Deferred revenue	62
	63	Loans from officers, directors, trustees, and key employees (attach schedule)	63
	64a	Tax-exempt bond liabilities (attach schedule)	64a
	b	Mortgages and other notes payable (attach schedule)	64b 454,232
	65	Other liabilities (describe SEE ATTACHMENT #8	65 3,819
66	Total liabilities. Add lines 60 through 65	0 66 531,254	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67	Unrestricted	67 -54,188
	68	Temporarily restricted	68
	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)	0 73 -54,188	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	0 74 477,066	

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	
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify): _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
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	0

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

a	Total expenses and losses per audited financial statements		a	
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
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	
c	Subtract line b from line a		c	
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	0

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 ATTACHMENT #9				

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 6		
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 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	X
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 (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.)		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	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	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement ..	79	X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization ► <u>GOODWILL INDUSTRIES</u> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures. (See line 81 instructions.)	81a	N/A
b	Did the organization file Form 1120-POL for this year?	81b	X

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.) 82b N/A		
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?	N/A	
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?		X
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		X
	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 N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		X
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?		X
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
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		X
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		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
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		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ N/A		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
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?		X
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 N/A		
91a	The books are in care of ▶ SEE ATTACHMENT #10 Telephone no. ▶		
	Located at ▶ ZIP + 4 ▶		
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)?		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.		

Part VI Other Information (continued)		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c	<input checked="" type="checkbox"/>
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		<input type="checkbox"/>	
and enter the amount of tax-exempt interest received or accrued during the tax year		92	

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Excl. code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	157	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property ..					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events ...					
102 Gross profit or (loss) from sales of inventory					161,247
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) ...		0		157	161,247
105 Total (add line 104, columns (B), (D), and (E))					161,404

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).

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 int.	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)	
(a) Did organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).	

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? N/A
 If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? N/A
 If "Yes," complete the schedule below for each controlled entity. Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? N/A
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 _____ Date _____
 Type or print name and title _____

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4	FOUNTAIN, ARRINGTON, BASS, MERCER P O BOX 4768 COLUMBUS GA 31914-0768		EIN 706-322-5482

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

2006

Department 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 BEN & JERRY'S OF THE SOUTHERN RIVERS, INC.	Employer identification number 20-4400009
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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 empl. benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

Total number of other employees paid over \$50,000 ▶ 0

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See 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
NONE		

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 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 ▶ 0

Part III Statements About Activities (See 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	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	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
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 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 instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(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	
SEE ATTACHMENT #11					
Total					<input type="checkbox"/>

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See 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.

N/A

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.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
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.					
19 Net income from unrelated business activities not included in line 18.					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17.					
25 Enter 1% of line 23.					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a N/A
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 N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ .. ▶					26d N/A
e Public support (line 26c minus line 26d total) ▶					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). ▶					26f N/A %
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) <u> N/A </u> (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) <u> N/A </u> (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 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?		
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?		
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.)		

32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
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?		
b Has the organization's right to such aid ever been revoked or suspended?		
If you answered "Yes" to either 34a or b, please explain using an attached statement.		

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		

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -- If the amount on line 40 is -- The lobbying nontaxable amount is -- Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . \$175,000 plus 10% of the excess over \$1,000,000 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		
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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(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 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:	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.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See the instructions.)

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

	Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:		
(i) Cash		<input checked="" type="checkbox"/>
(ii) Other assets		<input checked="" type="checkbox"/>
b Other transactions:		
(i) Sales or exchanges of assets with a noncharitable exempt organization		<input checked="" type="checkbox"/>
(ii) Purchases of assets from a noncharitable exempt organization		<input checked="" type="checkbox"/>
(iii) Rental of facilities, equipment, or other assets		<input checked="" type="checkbox"/>
(iv) Reimbursement arrangements		<input checked="" type="checkbox"/>
(v) Loans or loan guarantees		<input checked="" type="checkbox"/>
(vi) Performance of services or membership or fundraising solicitations		<input checked="" type="checkbox"/>
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees		<input checked="" type="checkbox"/>

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:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

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

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

SCHEDULE OF GROSS PROFIT OR (LOSS) FROM SALE OF INVENTORY

ATTACHMENT 1: PAGE 1 - 990 PAGE 1, PART I, LINE 10

Keep for Your Records

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning _____, and ending _____.
Name of Organization BEN & JERRY'S OF THE SOUTHERN RIVERS, INC.	Employer Identification Number 20-4400009

Type of Inventory sold	Gross Sales	Cost of Goods	Gross Profit or (Loss)
ICE CREAM	249,179	87,932	161,247
Total	249,179	87,932	161,247

SCHEDULE OF DEPRECIATION AND DEPLETION

ATTACHMENT 2: PAGE 1 - 990 PAGE 2, PART II, LINE 42

OPEN TO PUBLIC INSPECTION	For Calendar year 2006, or tax year period beginning	and ending
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Name of Organization BEN & JERRY'S OF THE SOUTHERN RIVERS, INC.	Employer Identification Number 20-4400009
--	--

Description of Property	Date Acquired	Cost or Other Basis	Prior Year Depreciation	Method of Computation	Rate (%) or Life (Years)	Depreciation This Year
BUILDING AND EQUIPMENT	2006-05	444,144		STRAIGHT LINE	10	17,490
Total		444,144				17,490

SCHEDULE OF OTHER EXPENSES

ATTACHMENT 3: PAGE 1 - 990 PAGE 2, PART II, LINE 43

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning _____, and ending _____.
Name of Organization BEN & JERRY'S OF THE SOUTHERN RIVERS, INC.	Employer Identification Number 20-4400009

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
AMORTIZATION EXPENSE	991	991		
CASH SHORT	3,078	3,078		
CREDIT CARD FEES	4,066	4,066		
EQUIPMENT MAINTENANCE	337	337		
ADVERTISING	9,582	9,582		
UNIFORMS	483	483		
VEHICLE LEASING	717	717		
DRUG TESTING	804	804		
DATA HOSTING	1,620	1,620		
OUTSIDE SERVICES	236	236		
BACKGROUND CHECKS	887	887		
THEFT LOSS	8,518	8,518		
Total	31,319	31,319		

PRIMARY EXEMPT PURPOSE

ATTACHMENT 4: PAGE 1 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning _____, and ending _____	
Name of Organization BEN & JERRY'S OF THE SOUTHERN RIVERS, INC.		Employer Identification Number 20-4400009

Primary Purpose

THE CORPORATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, EDUCATIONAL, RELIGIOUS OR SCIENTIFIC PURPOSES, INCLUDING FOR SUCH PURPOSES, THE OPERATION OF A BEN & JERRY'S ICE CREAM SHOP UNDER THE PARTNERSHIP PROGRAM FOR THE PURPOSE OF TRAINING AND EMPLOYING AT RISK YOUTH AND PROVIDING THEM WITH JOB SKILLS.

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 5: PAGE 1 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning	, and ending
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Name of Organization BEN & JERRY'S OF THE SOUTHERN RIVERS, INC.	Employer Identification Number 20-4400009
--	--

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	217,726
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Exempt Purpose Achievements

DURING THE CURRENT YEAR, THE ORGANIZATION PROVIDED JOB TRAINING TO AT RISK YOUTH. OF THE TOTAL EMPLOYEES ON PAYROLL, APPROXIMATELY 64% WERE YOUTH WITH LITTLE OR NO JOB EXPERIENCE. AS PART OF THEIR JOBS, THEY LEARN PROPER WORK ETHIC, CUSTOMER SERVICE AND BASIC BUSINESS SKILLS.

SCHEDULE OF LAND, BUILDINGS & EQUIPMENT

ATTACHMENT 6: PAGE 1 - 990 PAGE 4, PART IV, LINE 57

OPEN TO PUBLIC INSPECTION	For Calendar year 2006, or tax year period beginning	and ending
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Name of Organization BEN & JERRY'S OF THE SOUTHERN RIVERS, INC.	Employer Identification Number 20-4400009
--	--

Category or Description of Property	Cost or Other Basis	Accumulated Depreciation	End of Year Book Value	Ending FML (990-PF Only)
BUILDING AND EQUIPMENT	444,144	17,490	426,654	
Total	444,144	17,490	426,654	

SCHEDULE OF MORTGAGES AND OTHER NOTES PAYABLE

ATTACHMENT 7: PAGE 1 - 990 PAGE 4, PART IV, LINE 64B

OPEN TO PUBLIC INSPECTION	For Calendar year 2006, or tax year period beginning	and ending
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Name of Organization BEN & JERRY'S OF THE SOUTHERN RIVERS, INC.	Employer Identification Number 20-4400009
--	--

Lender's Name, Title and Relationship to Any Officer, Director, Trustee, Key Employee or Substantial Contributor	Original Amount	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate
GOODWILL IND. OF THE SOUTHERN RIVER SUPPORTED ORGANIZATION	454,232	454,232	2006-05		ON DEMAND	
Total	454,232	454,232				

Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
		Total	
		Total amount of mortgages	

SCHEDULE OF OTHER LIABILITIES

ATTACHMENT 8: PAGE 1 - 990 PAGE 4, PART IV, LINE 65

NOT OPEN TO PUB INSPECTION	For calendar year 2006 or tax period beginning _____, and ending _____	
Name of Organization BEN & JERRY'S OF THE SOUTHERN RIVERS, INC.		Employer Identification Number 20-4400009

Description of Liability	Beginning of Year	End of Year
SALES TAX PAYABLE		1,157
ACCRUED EXPENSES		1,169
GIFT CERTIFICATES		1,493
Totals		3,819

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 9: PAGE 1 - 990 PAGE 5, PART V-A

OPEN TO PUBLIC INSPECTION		For calendar year 2006 or tax period beginning , and ending .		
Name of Organization				Employer Identification Number
BEN & JERRY'S OF THE SOUTHERN RIVERS, INC.				20-4400009
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
JOEL AMES 2300 VICTORY DRIVE COLUMBUS, GA 31901	CHAIRMAN. VARIES	0	0	0
JUDY GIDDINGS 1838 VICTORY DRIVE COLUMBUS, GA 31901	SECRETARY VARIES	0	0	0
TERRY REIS P.O. BOX 1750 FORTSON, GA 31808	TREASURER VARIES	0	0	0
JANE NICHOLS 1955 NORTHSIDE INDUSTRIAL BLVD. COLUMBUS, GA 31904	CEO VARIES	0	0	0
KIM CANTRELL 1955 NORTHSIDE INDUSTRIAL BLVD. COLUMBUS, GA 31904	CAO VARIES	0	0	0
JOHN CREECH 5800 LAKEWOOD RANCH BLVD. SARASOTA, FL 34240	VICE CHAIRMAN VARIES	0	0	0
PAT KILLOUGH 2022 15TH AVENUE COLUMBUS, GA 31901	DIRECTOR VARIES	0	0	0
RICK TURNER 5956 VETERANS PARKWAY COLUMBUS, GA 31909	DIRECTOR VARIES	0	0	0

BOOKS ARE IN CARE OF

ATTACHMENT 10 - 990 PAGE 7, PART VI, LINE 91A

For calendar year 2006 or tax period beginning _____, and ending _____	
Name of Organization BEN & JERRY'S OF THE SOUTHERN RIVERS, INC.	Employer Identification Number 20-4400009
Part VI - Line 91a	

Individual Name _____
or
Business Name:
GOODWILL OF THE SOUTHERN RIVERS, INC.

Street Address 1955 NORTHSIDE INDUSTRIAL BLVD

U.S. Address:

Zip code 31904 City COLUMBUS State GA

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

INFORMATION ABOUT SUPPORTED ORGANIZATIONS

ATTACHMENT 11: PAGE 1 - SCH A PAGE 2, PART IV, LINE 13 - INFORMATION ABOUT

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning _____, and ending _____.
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Name of Organization BEN & JERRY'S OF THE SOUTHERN RIVERS, INC.	Employer Identification Number 20-4400009
--	--

(a) Name(s) of Supported Organization(s)	Employer EIN	Line #	Governing Documents	Amount of Support
GOODWILL INDUSTRIES OF THE SOUTHERN RIVERS, INC.	58-60358	22		