

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

05-11-2007

58-6035822
GOODWILL IND. 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

GOODWILL IND. 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.

A For the 2006 calendar year, or tax year beginning , 2006, and ending , 20

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: GOODWILL IND. OF THE SOUTHERN RIVERS, INC. D Employer identification number: 58-6035822. E Telephone number: (706) 324-4366. F Acctg. method: Cash, Accrual, Other (specify).

G Website: N/A

J Organization type (check only one) 501(c)(3) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H & I are not applicable to sec. 527 organizations. H(a) Is this a group return for affiliates? Yes No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? Yes No. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No. I Group Exemption Number. M Check if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 12,764,238

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with columns for Revenue, Expenses, and Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis & sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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) #1	25a	218,983	196,953	22,030
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	5,143,204	4,363,398	779,806
27	Pension plan contributions not included on lines 25a, b, and c	27			
28	Employee benefits not included on lines 25a - 27. . .	28	519,499	461,955	57,544
29	Payroll taxes	29	427,403	309,958	117,445
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	200,281	146,030	54,251
34	Telephone	34	72,359	51,464	20,895
35	Postage and shipping	35	30,704	22,309	8,395
36	Occupancy	36	1,545,444	1,312,033	233,411
37	Equipment rental and maintenance	37	13,622	10,193	3,429
38	Printing and publications	38	51,184	40,770	10,414
39	Travel	39	101,702	63,599	38,103
40	Conferences, conventions, and meetings	40			
41	Interest	41	325	11	314
42	Depreciation, depletion, etc. (attach schedule) . . #5	42	328,337	290,178	38,159
43	Other expenses not covered above (itemize):				
a	SEE ATTACHMENT #6	43a	644,598	1,775,326	-1,130,728
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	9,297,645	9,044,177	253,468

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 #7	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 #8	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	9,044,177
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) ►	9,044,177

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	
A S S E T S	45	Cash -- non-interest-bearing	886,166	45	783,873
	46	Savings and temporary cash investments		46	
	47a	Accounts receivable	441,095		
	b	Less: allowance for doubtful accounts		47c	441,095
	48a	Pledges receivable		48c	
	b	Less: allowance for doubtful accounts			
	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)	769,294		
	b	Less: allowance for doubtful accounts		51c	769,294
	52	Inventories for sale or use	652,985	52	647,416
	53	Prepaid expenses and deferred charges	128,468	53	126,882
	54a	Investments -- publicly-traded securities		54a	
	b	Investments -- other securities (attach schedule)	2,978,963	54b	2,361,536
55a	Investments -- land, buildings, and equipment: basis				
b	Less: accumulated depreciation (attach schedule)		55c		
56	Investments -- other (attach schedule)		56		
57a	Land, buildings, and equipment: basis	8,156,387			
b	Less: accumulated depreciation (attach schedule)	1,987,255	57c	6,169,132	
58	Other assets, including program-related investments (describe		58		
59	Total assets (must equal line 74). Add lines 45 through 58	7,456,238	59	11,299,228	
L I A B I L I T I E S	60	Accounts payable and accrued expenses	66,162	60	90,500
	61	Grants payable		61	
	62	Deferred revenue	110,583	62	10,653
	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)	2,963	64b	3,500,000
	65	Other liabilities (describe	289,270	65	351,989
66	Total liabilities. Add lines 60 through 65	468,978	66	3,953,142	
N E T A S S E T S	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	6,863,024	67	7,221,850
	68	Temporarily restricted		68	
	69	Permanently restricted	124,236	69	124,236
	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)	6,987,260	73	7,346,086	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	7,456,238	74	11,299,228	

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	10,263,085
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	-14,262	
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	-14,262
c	Subtract line b from line a		c	10,277,347
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): <u>SEE ATTACHMENT #14</u>	d2	-606,616	
	Add lines d1 and d2		d	-606,616
e	Total revenue (Part I, line 12). Add lines c and d		e	9,670,731

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

a	Total expenses and losses per audited financial statements		a	9,904,261
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	9,904,261
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): <u>SEE ATTACHMENT #15</u>	d2	-606,616	
	Add lines d1 and d2		d	-606,616
e	Total expenses (Part I, line 17). Add lines c and d		e	9,297,645

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 #16 SEE ATTACHMENT #17				

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 15		
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>POWERWORKS INDUSTRIES, INC.</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	N/A

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?	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c 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?	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a 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 #18 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 SEE ATTACHMENT #19				1,035,519	492,766
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	63,763	
96 Dividends and interest from securities			14	58,131	
97 Net rental income or (loss) from real estate:					
a debt-financed property			16	-3,671	
b not debt-financed property					
98 Net rental income or (loss) from personal property ..					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	369,038	
101 Net income or (loss) from special events ...					
102 Gross profit or (loss) from sales of inventory					7,495,967
103 Other revenue: a _____					
b SEE ATTACHMENT #20				96	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) ...		0		1,522,876	7,988,733
105 Total (add line 104, columns (B), (D), and (E))					9,511,609

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).
	SEE ATTACHMENT #21

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? If "Yes," complete the schedule below for each controlled entity. N/A

	(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? If "Yes," complete the schedule below for each controlled entity. N/A

	(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

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 signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
Preparer's Use Only	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

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Supplementary Information -- (See separate instructions.)

Name of the organization GOODWILL IND. OF THE SOUTHERN RIVERS, INC.	Employer identification number 58-6035822
--	--

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
SEE ATTACHMENT #22				
Total number of other employees paid over \$50,000 ▶		7		

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	
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.

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.)	182,051	151,245	242,703	118,007	694,006
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	7,091,466	7,091,466	7,865,460	8,529,742	30,578,134
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.	1,433,657	102,535	90,132	101,212	1,727,536
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	2,971		11,352	26,596	40,919
23 Total of lines 15 through 22	8,710,145	7,345,246	8,209,647	8,775,557	33,040,595
24 Line 23 minus line 17	1,618,679	253,780	344,187	245,815	2,462,461
25 Enter 1% of line 23	87,101	73,452	82,096	87,756	
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>36,000</u> (2004) <u>37,057</u> (2003) <u>22,751</u> (2002) <u>45,439</u>				
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>298,798</u> (2004) <u>428,357</u> (2003) <u>433,415</u> (2002) <u>214,035</u>				
c Add: Amounts from column (e) for lines: 15 <u>694,006</u> 16 _____ 17 <u>30,578,134</u> 20 _____ 21 _____					27c 31,272,140
d Add: Line 27a total <u>141,247</u> and line 27b total _____					27d 1,515,852
e Public support (line 27c total minus line 27d total)					27e 29,756,288
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f 33,040,595
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 90.06 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 5.23 %
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?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	
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?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		

33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		

34a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		

35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See 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		X
(ii) Other assets		X
b Other transactions:		
(i) Sales or exchanges of assets with a noncharitable exempt organization		X
(ii) Purchases of assets from a noncharitable exempt organization		X
(iii) Rental of facilities, equipment, or other assets		X
(iv) Reimbursement arrangements		X
(v) Loans or loan guarantees		X
(vi) Performance of services or membership or fundraising solicitations		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X

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		

Name of organization	Employer identification number
GOODWILL IND. OF THE SOUTHERN RIVERS, INC.	58-6035822

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule -- see instructions.)

General Rule --

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules --

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

SCHEDULE OF GAIN/LOSS FROM SALE OF ASSETS OTHER THAN INVENTORY

ATTACHMENT 1: PAGE 1 - 990 PAGE 1, PART I, LINE 8

OPEN TO PUBLIC INSPECTION	For Calendar year 2006, or tax year period beginning	and ending
---------------------------	--	------------

Name of Organization GOODWILL IND. OF THE SOUTHERN RIVERS, INC.	Employer Identification Number 58-6035822
--	--

Name of Security or Description of Property	Acquisition Date	How Acquired	Date Sold
OTHER NONINVENTORY ASSETS:			
2002 TOYOTA CAMRY	2001-12	PURCHASE	2006-03
2002 TOYOTA COROLLA	2001-12	PURCHASE	2006-03
ALBANY STORE LOCATION	2001-03	PURCHASE	2006-04

To Whom Sold	Gross Sale Price	Basis	Sales Expense	Gain or (Loss)	Accumulated Depreciation
INDIVIDUAL	7,800	20,338		4,693	17,231
INDIVIDUAL	5,350	14,748	350	2,747	12,495
BUSINESS	609,032	624,750	3,139	230,424	249,281
Total	622,182	659,836	3,489	237,864	279,007
Publicly traded securities	2,149,408	2,018,234		131,174	

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

ATTACHMENT 2: 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 GOODWILL IND. OF THE SOUTHERN RIVERS, INC.	Employer Identification Number 58-6035822

Type of Inventory sold	Gross Sales	Cost of Goods	Gross Profit or (Loss)
CLOTHING AND HOUSEHOLD ITEMS	8,102,583	606,616	7,495,967
Total	8,102,583	606,616	7,495,967

SCHEDULE OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES

ATTACHMENT 3: PAGE 1 - 990 PAGE 1, PART I, LINE 20

NOT OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning _____, and ending _____	
Name of Organization GOODWILL IND. OF THE SOUTHERN RIVERS, INC.		Employer Identification Number 58-6035822

Description of Changes	Total Amount
NET UNREALIZED LOSS ON INVESTMENTS	-14,262
ROUNDING	2
Total	-14,260

COMPENSATION OF CURRENT OFFICERS

ATTACHMENT 4: PAGE 1 - 990 PAGE 2, PART II, LINE 25A

OPEN TO PUBLIC INSPECTION	For Calendar year 2006, or tax year period beginning	and ending
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Name of Organization GOODWILL IND. OF THE SOUTHERN RIVERS, INC.	Employer Identification Number 58-6035822
--	--

Name of Officer	Program Services			Management and General	
	Compensation	Employee Benefit Plan	Expense Account	Compensation	Employee Benefit Plan
JANE NICHOLS	121,716	7,533		13,524	931
KIM CANTRELL	63,428	4,276		7,047	528
Total	185,144	11,809		20,571	1,459
	Mgmt & General	Fundraising			
	Expense Account	Compensation	Employee Benefit Plan	Expense Account	
Total					

SCHEDULE OF OTHER EXPENSES

ATTACHMENT 6: 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 GOODWILL IND. OF THE SOUTHERN RIVERS, INC.	Employer Identification Number 58-6035822

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
ADVERTISING	15,704	7,342	8,362	
BACKGROUND CHECKS	12,544	11,797	747	
CREDIT CARD FEES	66,608	63,424	3,184	
COMMISSIONS	73,420	63,916	9,504	
CONTRACTED SERVICES	25,109	8,395	16,714	
DRUG TESTING	13,553	11,674	1,879	
DUES AND SUBSCRIPTIONS	127,708	1,308	126,400	
EMPLOYEE RECRUITMENT	25,015	22,810	2,205	
EMPLOYEE RELATIONS	21,792	9,371	12,421	
EQUIPMENT MAINTENANCE	56,973	43,155	13,818	
INDIRECT COSTS	-512,583	1,201,579	-1,714,162	
INSURANCE	120,992	2,055	118,937	
INTERDEPARTMENTAL SERVICE		-13,700	13,700	
MISCELLANEOUS	52,247	15,550	36,697	
OFFICE EXPENSE	52,792	27,262	25,530	
CONSULTING FEES	46,098	234	45,864	
STAFF TRAINING	50,359	4,666	45,693	
TAXES AND LICENSES	11,027	10,949	78	
TECHNOLOGY EXPENSE	163,968	75,494	88,474	
UNIFORMS	10,183	10,183		
VEHICLE EXPENSE	211,089	197,862	13,227	
Total	644,598	1,775,326	-1,130,728	

PRIMARY EXEMPT PURPOSE

ATTACHMENT 7: PAGE 1 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning _____, and ending _____	
Name of Organization GOODWILL IND. OF THE SOUTHERN RIVERS, INC.		Employer Identification Number 58-6035822

Primary Purpose

THE ORGANIZATION WAS ORGANIZED AND OPERATES EXCLUSIVELY FOR RELIGIOUS, CHARITABLE AND EDUCATIONAL PURPOSES. IT PROVIDES PLACEMENT SERVICES, INCLUDING REHABILITATION SERVICES, TRAINING, EMPLOYMENT AND OPPORTUNITIES FOR PERSONAL GROWTH AS AN INTERIM STEP IN THE EMPLOYMENT PROCESS FOR THOSE WITH ANY BARRIER TO EMPLOYMENT TO INCLUDE THE DISABLED AND DISADVANTAGED, WHO CANNOT BE READILY ABSORBED IN THE COMPETITIVE LABOR MARKET OR DURING SUCH TIME AS EMPLOYMENT OPPORTUNITIES FOR THEM IN THE LABOR MARKET DO NOT EXIST. BY THE INSPIRATION OF RELIGION, THROUGH THE USE OF RECOGNIZED TECHNIQUES OF ASSESSMENT, SKILLS BUILDING, LIFE GUIDANCE, EVALUATION, TRAINING AND USEFUL EMPLOYMENT, THE ORGANIZATION SHALL SEEK TO ASSIST THE DISABLED, DISADVANTAGED, AND TO ATTAIN THE FULLEST DEVELOPMENT OF WHICH THEY ARE CAPABLE.

PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 8: PAGE 1 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning _____, and ending _____.	
Name of Organization GOODWILL IND. OF THE SOUTHERN RIVERS, INC.		Employer Identification Number 58-6035822
Part III - Statement of Program Service Accomplishments		
Grants and allocations	Amount includes foreign grants	Program service expenses 9,044,177

Exempt Purpose Achievements

DURING THE CURRENT YEAR, THE ORGANIZATION PROVIDED EMPLOYMENT OPPORTUNITY TO 690 PEOPLE THROUGH ITS 14 RETAIL PROGRAM CENTERS AND SUPPORT OPERATIONS SERVING APPROXIMATELY 16 COUNTIES IN OUR TERRITORY. PERSONS SERVED THROUGH EMPLOYMENT EARNED AN AVERAGE HOURLY WAGE OF \$9.99. TOTAL COSTS, EXCLUDING PROGRAMS AND SERVICES, WERE \$7,955,067 INCLUDING COMPETITIVE EMPLOYEE BENEFITS. THE ORGANIZATION PROVIDED OPPORTUNITIES FOR 269 TRAINEES WITH DISABILITIES TO IMPROVE THEIR WORK READINESS AND EMPLOYMENT SKILLS ABILITIES TO ENHANCE THEIR OPPORTUNITY TO GAIN AND RETAIN COMPETITIVE EMPLOYMENT IN THEIR COMMUNITIES. THESE INITIATIVES WERE PROVIDED IN 8 COUNTIES. THE ORGANIZATION ALSO PROVIDED EDUCATION AND TRAINING COURSES TAUGHT TO TRAINEES AND EMPLOYEES. EMPLOYMENT SKILLS TRAINING PROGRAMS, (JANITORIAL AND HOSPITALITY) WERE OFFERED IN 2 AREAS IN OUR REGION. FULLY FUNCTIONING COMPUTER LABS ARE AVAILABLE TO THE GENERAL PUBLIC IN MUSCOGEE, LOWNDES AND DOUGHERTY COUNTIES AND VISITED BY 4,752 INDIVIDUALS IN 2006. COMMUNITY OUTREACH INITIATIVES INCLUDED MARSHALL MIDDLE SCHOOL, TEENAGE PARENTING CENTER AND THE ANNE ELIZABETH SHEPARD HOME, EACH LOCATED IN MUSCOGEE COUNTY. TOTAL PROGRAM COSTS TO PROVIDE REHABILITATION EDUCATION AND TRAINING WERE \$1,089,110. IN 2006, THE ORGANIZATION TOUCHED MORE THAN 7,958 LIVES IN THE COMMUNITIES THEY SERVED HELPING CREATE INDIVIDUALIZED SERVICES THAT PROVIDE AN OPPORTUNITY TO BUILD LIVES AND FAMILIES ONE INDIVIDUAL AT A TIME.

LONG SCHEDULE OF OTHER NOTES AND LOANS RECEIVABLE

ATTACHMENT 9: PAGE 1 990 PAGE 4, PART IV, LINE 51

OPEN TO PUBLIC INSPECTION	For Calendar year 2006, or tax year period beginning	and ending
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Name of Organization GOODWILL IND. OF THE SOUTHERN RIVERS, INC.	Employer Identification Number 58-6035822
--	--

Borrower's Name 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
BEN & JERRY'S OF THE SOUTHERN RIVER SUPPORTING ORGANIZATION	454,232	454,232	2006-12		DEMAND	
COLUMBUS COMMUNITY CAMPUS SUPPORTING ORGANIZATION	315,062	315,062	2006-12		DEMAND	
Total	769,294	769,294				

Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV	Ending FMV (990-PF Only)
REAL AND PERSONAL PROPERTY UNSECURED	BUILDING CONSTRUCTION AND EQUIPMENT OPERATIONS			
Total				

SCHEDULE OF INVESTMENT SECURITIES

ATTACHMENT 10: PAGE 1 - 990 PAGE 4, PART IV, LINE 54

OPEN TO PUBLIC INSPECTION For calendar year 2006 or tax period beginning _____, and ending _____.

Name of Organization GOODWILL IND. OF THE SOUTHERN RIVERS, INC.	Employer Identification Number 58-6035822
--	--

Description of Investment Security	Cost or FMV	EOY Book Value
CERTIFICATES OF DEPOSIT	FMV	187,018
MONEY MARKET SECURITIES	FMV	147,720
U.S. TREASURY NOTES	FMV	435,280
COMMON STOCKS	FMV	1,431,979
CORPORATE BONDS	FMV	159,539
Total		2,361,536

SCHEDULE OF LAND, BUILDINGS & EQUIPMENT

ATTACHMENT 11: 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 GOODWILL IND. OF THE SOUTHERN RIVERS, INC.	Employer Identification Number 58-6035822
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Category or Description of Property	Cost or Other Basis	Accumulated Depreciation	End of Year Book Value	Ending FML (990-PF Only)
LAND AND IMPROVEMENTS	3,250,416		3,250,416	
BUILDING AND IMPROVEMENTS	1,680,231	382,793	1,297,438	
FURNITURE AND EQUIPMENT	1,032,573	721,271	311,302	
AUTOS AND TRUCKS	722,896	523,538	199,358	
LEASEHOLD IMPROVEMENTS	925,549	178,997	746,552	
COMPUTERS AND SOFTWARE	544,722	180,656	364,066	
Total	8,156,387	1,987,255	6,169,132	

SCHEDULE OF MORTGAGES AND OTHER NOTES PAYABLE

ATTACHMENT 12: 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 GOODWILL IND. OF THE SOUTHERN RIVERS, INC.	Employer Identification Number 58-6035822
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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
WACHOVIA BANK	3,500,000	3,500,000	2006-10	2007-10	INTEREST ONLY	6.6700
Total	3,500,000	3,500,000				

Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
REAL ESTATE	ACQUIRE REAL ESTATE		

	Total
Total amount of mortgages	

SCHEDULE OF OTHER LIABILITIES

ATTACHMENT 13: 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 GOODWILL IND. OF THE SOUTHERN RIVERS, INC.		Employer Identification Number 58-6035822

Description of Liability	Beginning of Year	End of Year
ACCRUED WAGES	198,784	233,142
ACCRUED AND WITHHELD EXPENSES	90,486	118,847
Totals	289,270	351,989

SCHEDULE OF OTHER REVENUE NOT INCLUDED

ATTACHMENT 14: PAGE 1 - 990 PAGE 5, PART IV-A, LINE D(2)

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning	, and ending
Name of Organization	Employer Identification Number	
GOODWILL IND. OF THE SOUTHERN RIVERS, INC.	58-6035822	

Description of Other Investment Expenses	Total Amount
COST OF GOODS SOLD REPORTED ON THE FUNCTIONAL EXPENSE STATEMENT	-606,616
Total	-606,616

SCHEDULE OF OTHER EXPENSES NOT INCLUDED

ATTACHMENT 15: PAGE 1 - 990 PAGE 5, PART IV-B, LINE D(2)

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning	, and ending
Name of Organization	Employer Identification Number	
GOODWILL IND. OF THE SOUTHERN RIVERS, INC.	58-6035822	

Description of Other Investment Expenses	Total Amount
COST OF GOODS SOLD REPORTED ON FUNCTIONAL EXPENSE STATEMENT	-606,616
Total	-606,616

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 16: 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
GOODWILL IND. OF THE SOUTHERN RIVERS, INC.				58-6035822
(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
JANE NICHOLS 1955 NORTHSIDE INDUSTRIAL BLVD COLUMBUS, GA 31904 SEE COMP. EXPL. #1	PRESIDENT/CEO 40.00	135,240	8,466	0
KIM CANTRELL 1955 NORTHSIDE INDUSTRIAL BLVD COLUMBUS, GA 31904 SEE COMP. EXPL. #2	CAO 40.00	70,475	4,804	0
JOEL AMES 2300 VICTORY DRIVE COLUMBUS, GA 31901	CHAIRMAN VARIES	0	0	0
CHUCK WALLS ATTN: GARRISON CDR'S OFFICE FORT BENNING, GA 31905	DIRECTOR VARIES	0	0	0
JOHN CREECH 5800 LAKEWOOD RANCH BLVD SARASOTA, FL 34240	VICE CHAIR VARIES	0	0	0
JUDY GIDDINGS 1838 VICTORY DRIVE COLUMBUS, GA 31901	SECRETARY VARIES	0	0	0
PAT KILLOUGH 2022 15TH AVENUE COLUMBUS, GA 31901	DIRECTOR VARIES	0	0	0
TERRY REIS P.O. BOX 1750 FORTSON, GA 31808	TREASURER VARIES	0	0	0
RICK TURNER 5956 VETERANS PARKWAY COLUMBUS, GA 31909	DIRECTOR VARIES	0	0	0
MIKE LADNER COLUMBUS, GA 31902	VP OF RETAIL 40.00	88,035	2,588	0
KEITH KENNEDY COLUMBUS, GA 31909	VP OF MISSION 40.00	96,870	3,264	0
DAVID PICARD COLUMBUS, GA 31904	HR DIRECTOR 40.00	59,134	3,864	0
RICHARD STARR PHENIX CITY, AL 36867	RETAIL DISTRICT MGR 40.00	58,243	0	0
KEVIN BARBEE COLUMBUS, GA 31904	DIR OF RETAIL OPS 40.00	60,315	0	0

COMPENSATION EXPLANATION

ATTACHMENT 17: PAGE 1 - 990 PAGE 5, PART V-A, CURRENT OFFICER COMPENSATION EXPLANATION

OPEN TO PUBLIC INSPECTION	For Calendar year 2006, or tax year period beginning	and ending
Name of Organization GOODWILL IND. OF THE SOUTHERN RIVERS, INC.	Employer Identification Number 58-6035822	

Name	Explanation
OFFICER COMP. EXPLN. #1 JANE NICHOLS	THE COMPENSATION COMMITTEE OF THE ORGANIZATION MEETS EACH FALL TO REVIEW THE PROPOSED BUDGET FOR THE UPCOMING YEAR INCLUDING THE BUDGETARY PERCENTAGES FOR PAY INCREASES, INCENTIVE PLANS AND RETIREMENT CONTRIBUTION AMOUNTS AND OTHER COMPENSATION, WHICH MAY INCLUDE CAR ALLOWANCES AMONGST OTHER THINGS. IN EARLY FEBRUARY, THE COMMITTEE MEETS TO REVIEW THE OVERALL PAY INCREASE AVERAGES FOR THE NON-EXECUTIVE AND SENIOR STAFF FOLLOWED BY A SPECIFIC REVIEW OF THE PERFORMANCE MEASURES AND ACCOMPLISHMENTS OF THE SENIOR TEAM. IN MAY OF EACH YEAR, THE COMMITTEE REVIEWS THE PRESIDENT AND CEO PERFORMANCE, ANNUAL AUDIT RESULTS AND ACCOMPLISHMENTS AGAINST THE ANNUAL AND STRATEGIC INITIATIVES DETERMINED BY THE BOARD. EACH YEAR, GOODWILL INTERNATIONAL CONDUCTS A SALARY SURVEY OF CEOS AND SENIOR STAFF AND RATES THEM BY REVENUE SIZE. EVERY THIRD YEAR, THE ORGANIZATION ENGAGES A THIRD PARTY SALARY SURVEY FOR USE IN THIS CAUSE.
OFFICER COMP. EXPLN. #2 KIM CANTRELL	SEE COMPENSATION EXPLANATION UNDER ITEM 1 FOR PRESIDENT AND CAO.

BOOKS ARE IN CARE OF

ATTACHMENT 18 - 990 PAGE 7, PART VI, LINE 91A

For calendar year 2006 or tax period beginning _____, and ending _____	
Name of Organization GOODWILL IND. OF THE SOUTHERN RIVERS, INC.	Employer Identification Number 58-6035822
Part VI - Line 91a	

Individual Name _____
or
Business Name:
GOODWILL INDUSTRIES 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 (706) 324-4366

PART VII - ANALYSIS OF INCOME-PRODUCING ACTIVITIES

ATTACHMENT 19: PAGE 1 - 990 PAGE 8, PART VII, LINE 93

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning _____, and ending _____.
Name of Organization GOODWILL IND. OF THE SOUTHERN RIVERS, INC.	Employer Identification Number 58-6035822

Item	Program Service Revenue	Unrelated business income		Excluded by section 512, 513 or 514		(e) Related or exempt function income (see instructions)
		(a) business code	(b) Amount	(c) Excl. code	(d) Amount	
A	RECYCLING REVENUE			5	296,517	
B	SALVAGE REVENUE			5	739,002	
C	PRIVATE IND. CONTRACTS					50,443
D	WORKFORCE DEVELOPMENT					442,323
		Totals			1,035,519	492,766

SCHEDULE OF OTHER REVENUE

ATTACHMENT 20: PAGE 1 - 990 PAGE 8, PART VII, LINE 103

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning _____, and ending _____.
Name of Organization GOODWILL IND. OF THE SOUTHERN RIVERS, INC.	Employer Identification Number 58-6035822

Item	Program Service Revenue	Unrelated business income		Excluded by section 512, 513 or 514		(e) Related or exempt function income (see instructions)
		(a) business code	(b) Amount	(c) Excl. code	(d) Amount	
A	OTHER REVENUE				96	
Totals					96	

**SCHEDULE OF RELATIONSHIP OF ACTIVITIES
TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

ATTACHMENT 21: PAGE 1 990 PAGE 8, PART VIII

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning _____, and ending _____.
Name of Organization GOODWILL IND. OF THE SOUTHERN RIVERS, INC.	Employer Identification Number 58-6035822

Line Number	Briefly describe how the activity reported in column (E) of Part VII specifically contributed to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
93	REVENUE FROM PRIVATE CONTRACTS AND WORKFORCE DEVELOPMENT IS USED TO EMPLOY, SUPERVISE, AND TRAIN DISADVANTAGED INDIVIDUALS IN OUR SERVICE AREA.
102	REVENUE FROM INVENTORY SALES IS USED TO EMPLOY, SUPERVISE, AND TRAIN DISADVANTAGED INDIVIDUALS IN OUR SERVICE AREA.

COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

ATTACHMENT 22: PAGE 1 SCHEDULE A PAGE 1, PART I

OPEN TO PUBLIC INSPECTION	For calendar year 2006 or tax period beginning _____, and ending _____.
Name of Organization GOODWILL IND. OF THE SOUTHERN RIVERS, INC.	Employer Identification Number 58-6035822

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees				
(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
MIKE LADNER 4660 BRIDLEWOOD DRIVE COLUMBUS, GA 31909	VP OF RETAIL 40.00	88,035	2,588	0
KEITH KENNEDY COLUMBUS, GA 31901	VP OF MISSION 40.00	96,870	3,264	0
KEVIN BARBEE 188 HANNAH ROAD NEWNAN, GA 30263	DIR OF RETAIL OPS 40.00	60,315	0	0
DAVE PICARD COLUMBUS, GA 31901	DIRECTOR OF HR 40.00	59,134	3,864	0
RICHARD STARR COLUMBUS, GA 31901	RETAIL DISTRICT MGR 40.00	58,243	0	0

SCHEDULE OF OTHER INCOME

ATTACHMENT 23: PAGE 1 SCH A PAGE 3, PART IV-A, LINE 22, OTHER INCOME

OPEN TO PUBLIC INSPECTION	For Calendar year 2006, or tax year period beginning				and ending
Name of Organization	Employer Identification Number				
GOODWILL IND. OF THE SOUTHERN RIVERS, INC.	58-6035822				
Other Income Description	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
MISCELLANEOUS INCOME	2,971		11,352	26,596	40,919
Total	2,971		11,352	26,596	40,919

LIST OF CONTRIBUTORS, MEMBERSHIP FEES, AND GROSS RECEIPTS FROM DISQUALIFIED PERSONS

DO NOT FILE, KEEP FOR YOUR RECORDS - SCH A PAGE 3, PART IV-A, LINE 27A

Keep for Your Records

KEEP FOR YOUR RECORDS	For Calendar year 2006, or tax year period beginning	and ending
Name of Organization	Employer Identification Number	
GOODWILL IND. OF THE SOUTHERN RIVERS, INC.	58-6035822	

(a) Name	(b) 2005	(c) 2004	(d) 2003	(e) 2002	(f) Total
UNITED WAY	36,000	37,057	22,751	45,439	141,247
Total	36,000	37,057	22,751	45,439	141,247

LIST OF GROSS RECEIPTS FROM OTHER THAN DISQUALIFIED PERSONS

DO NOT FILE, KEEP FOR YOUR RECORDS - SCH A PAGE 3, PART IV-A, LINE 27B

Keep for Your Records

KEEP FOR YOUR RECORDS	For Calendar year 2006, or tax year period beginning	and ending
Name of Organization GOODWILL IND. OF THE SOUTHERN RIVERS, INC.		Employer Identification Number 58-6035822

(a) Name	(b) Amount Received in 2005	(c) Amount on Line 25 for 2005	(d) Enter the Larger of Col. (c) or \$5,000	(e) Year 2005 Excess
GEORGIA DEPARTMENT OF HUMAN RESOURCES	385,899	87,101	87,101	298,798
Total	385,899	87,101	87,101	298,798

LIST OF GROSS RECEIPTS FROM OTHER THAN DISQUALIFIED PERSONS

DO NOT FILE, KEEP FOR YOUR RECORDS - SCH A PAGE 3, PART IV-A, LINE 27B

Keep for Your Records

KEEP FOR YOUR RECORDS	For Calendar year 2006, or tax year period beginning	and ending
Name of Organization GOODWILL IND. OF THE SOUTHERN RIVERS, INC.		Employer Identification Number 58-6035822

(a) Name	(b) Amount Received in 2004	(c) Amount on Line 25 for 2004	(d) Enter the Larger of Col. (c) or \$5,000	(e) Year 2004 Excess
GEORGIA DEPARTMENT OF HUMAN RESOURCES	501,809	73,452	73,452	428,357
Total	501,809	73,452	73,452	428,357

LIST OF GROSS RECEIPTS FROM OTHER THAN DISQUALIFIED PERSONS

DO NOT FILE, KEEP FOR YOUR RECORDS - SCH A PAGE 3, PART IV-A, LINE 27B

Keep for Your Records

KEEP FOR YOUR RECORDS	For Calendar year 2006, or tax year period beginning	and ending
Name of Organization GOODWILL IND. OF THE SOUTHERN RIVERS, INC.		Employer Identification Number 58-6035822

(a) Name	(b) Amount Received in 2003	(c) Amount on Line 25 for 2003	(d) Enter the Larger of Col. (c) or \$5,000	(e) Year 2003 Excess
GEORGIA DEPARTMENT OF HUMAN RESOURCES	515,511	82,096	82,096	433,415
Total	515,511	82,096	82,096	433,415

LIST OF GROSS RECEIPTS FROM OTHER THAN DISQUALIFIED PERSONS

DO NOT FILE, KEEP FOR YOUR RECORDS - SCH A PAGE 3, PART IV-A, LINE 27B

Keep for Your Records

KEEP FOR YOUR RECORDS	For Calendar year 2006, or tax year period beginning	and ending
Name of Organization GOODWILL IND. OF THE SOUTHERN RIVERS, INC.		Employer Identification Number 58-6035822

(a) Name	(b) Amount Received in 2002	(c) Amount on Line 25 for 2002	(d) Enter the Larger of Col. (c) or \$5,000	(e) Year 2002 Excess
GEORGIA DEPARTMENT OF HUMAN RESOURCES	301,791	87,756	87,756	214,035
Total	301,791	87,756	87,756	214,035

2006 DETAIL STATEMENTS

GOODWILL IND. OF THE SOUTHERN
58-6035822

STATEMENT #1 - LESS RENTAL EXPENSES (990-EO PG 1)

INSURANCE.....	3,595
INTEREST.....	49,450
TAXES AND LICENSES.....	23,410
UTILITIES.....	7,884

TOTAL CARRIED TO 990-EO PG 1.....	84,339
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