

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)

2007

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning , 2007, and ending , 20

B Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

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) \_\_\_\_\_

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
2607 CROSS COUNTRY DRIVE E

City or town, state or country, and ZIP + 4  
COLUMBUS GA 31906

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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? (If "No," attach a list. See instructions.)  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).

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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 12,516,828

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

1 Contributions, gifts, grants, and similar amounts received:					
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	54,072		
c	Indirect public support (not included on line 1a)	1c	42,579		
d	Government contributions (grants) (not included on line 1a)	1d			
e	Total (add lines 1a through 1d) (cash \$ 96,651 noncash \$ 0)	1e		96,651	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		2,183,464	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		65,018	
5	Dividends and interest from securities	5		82,514	
6a	Gross rents	6a	390,590		
b	Less: rental expenses	6b	357,996		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c		32,594	
7	Other investment income (describe _____)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	1,121,462	8a	15,124
b	Less: cost or other basis & sales expenses		1,016,874	8b	6,356
c	Gain or (loss) (attach schedule)		104,588	8c	8,768
d	Net gain or (loss). Combine line 8c, columns (A) and (B)			8d	113,356
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c			
10a	Gross sales of inventory, less returns and allowances	10a	8,555,324	#2	
b	Less: cost of goods sold	10b	383,460		
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		8,171,864	
11	Other revenue (from Part VII, line 103)	11		6,681	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		10,752,142	
13	Program services (from line 44, column (B))	13		9,906,617	
14	Management and general (from line 44, column (C))	14		242,424	
15	Fundraising (from line 44, column (D))	15			
16	Payments to affiliates (attach schedule)	16			
17	Total expenses. Add lines 16 and 44, column (A)	17		10,149,041	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		603,101	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		7,346,086	
20	Other changes in net assets or fund balances (attach explanation) #3	20		-30,629	
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		7,918,558	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

**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 sch.) (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. ....	25a	389,829	367,735	22,094
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B. ....	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) .....	25c			
26	Salaries and wages of employees not included on lines 25a, b, and c .....	26	5,323,895	4,431,534	892,361
27	Pension plan contributions not included on lines 25a, b, and c .....	27			
28	Employee benefits not included on lines 25a - 27. . .	28	793,519	600,331	193,188
29	Payroll taxes .....	29	404,522	347,344	57,178
30	Professional fundraising fees .....	30			
31	Accounting fees .....	31			
32	Legal fees .....	32			
33	Supplies .....	33	243,741	172,215	71,526
34	Telephone .....	34	86,390	65,569	20,821
35	Postage and shipping .....	35	31,350	23,287	8,063
36	Occupancy .....	36	1,747,204	1,467,680	279,524
37	Equipment rental and maintenance .....	37	13,901	11,873	2,028
38	Printing and publications .....	38	52,886	43,696	9,190
39	Travel .....	39	94,507	73,685	20,822
40	Conferences, conventions, and meetings .....	40			
41	Interest .....	41	35		35
42	Depreciation, depletion, etc. (attach schedule) . . #4	42	437,105	374,084	63,021
43	Other expenses not covered above (itemize):				
a	SEE ATTACHMENT #5	43a	530,157	1,927,584	-1,397,427
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	10,149,041	9,906,617	242,424

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 #6	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 #7 _____ _____ _____ _____	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here . . . . . ► <input type="checkbox"/>	9,906,617
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) . . . . . ►	9,906,617

**Part IV Balance Sheets** (See the instructions.)

		(A) Beginning of year		(B) End of year	
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.					
ASSETS	45	Cash -- non-interest-bearing .....	783,873	45	682,816
	46	Savings and temporary cash investments .....		46	
	47a	Accounts receivable .....	650,476		
	b	Less: allowance for doubtful accounts .....		47c	650,476
	47b		441,095		
	48a	Pledges receivable .....		48c	
	b	Less: allowance for doubtful accounts .....			
	48b				
	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) .....	508,361		
	b	Less: allowance for doubtful accounts .....		51c	508,361
	51b		769,294		
	52	Inventories for sale or use .....	647,416	52	678,809
53	Prepaid expenses and deferred charges .....	126,882	53	120,624	
54a	Investments -- publicly-traded securities .....		54a		
b	Investments -- other securities (attach schedule) .....		54b	2,504,362	
55a	Investments -- land, buildings, and equipment: basis .....				
b	Less: accumulated depreciation (attach schedule) .....		55c		
55b					
56	Investments -- other (attach schedule) .....		56		
57a	Land, buildings, and equipment: basis .....	9,221,586			
b	Less: accumulated depreciation (attach schedule) .....		57c	6,931,776	
57b		2,289,810			
58	Other assets, including program-related investments (describe .....		58		
59	<b>Total assets (must equal line 74). Add lines 45 through 58 .....</b>	<b>11,299,228</b>	<b>59</b>	<b>12,077,224</b>	
LIABILITIES	60	Accounts payable and accrued expenses .....	90,500	60	134,438
	61	Grants payable .....		61	
	62	Deferred revenue .....	10,653	62	15,243
	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) .....	3,500,000	64b	3,500,000
	65	Other liabilities (describe .....	351,989	65	508,985
66	<b>Total liabilities. Add lines 60 through 65 .....</b>	<b>3,953,142</b>	<b>66</b>	<b>4,158,666</b>	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted .....	7,221,850	67	7,794,322
	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	<b>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) .....</b>	<b>7,346,086</b>	<b>73</b>	<b>7,918,558</b>
	74	<b>Total liabilities and net assets/fund balances. Add lines 66 and 73 .....</b>	<b>11,299,228</b>	<b>74</b>	<b>12,077,224</b>

**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	11,043,500
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1	-30,396	
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	-30,396
c	Subtract line b from line a		c	11,073,896
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): SEE ATTACHMENT #13	d2	-303,460	
	Add lines d1 and d2		d	-303,460
e	Total revenue (Part I, line 12). Add lines c and d		e	10,770,436

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

a	Total expenses and losses per audited financial statements		a	10,603,596
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	10,603,596
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): SEE ATTACHMENT #14	d2	-303,460	
	Add lines d1 and d2		d	-303,460
e	Total expenses (Part I, line 17). Add lines c and d		e	10,300,136

**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 #15				
SEE ATTACHMENT #16				

<b>Part V-A</b> 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 ..... <b>15</b>		
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

<b>Part VI</b> 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>SEE ATTACHMENT #17</u> _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) ..... <b>81a</b> N/A	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	
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? . . . . .	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	N/A	
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, 2007 (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)? . . . . . If "Yes," enter the name of the foreign country ▶		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

<b>Part VI Other Information</b> (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				1,497,649	685,815
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	65,018	
96 Dividends and interest from securities .....			14	82,514	
97 Net rental income or (loss) from real estate:					
a debt-financed property .....			16	32,594	
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	113,356	
101 Net income or (loss) from special events ...					
102 Gross profit or (loss) from sales of inventory					8,171,864
103 Other revenue: a _____					
b SEE ATTACHMENT #20				6,681	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E)) ...		0		1,797,812	8,857,679
105 Total (add line 104, columns (B), (D), and (E)) .....					10,655,491

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

<b>Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes</b> (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

<b>Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities</b> (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
	%			
	%			
	%			
	%			

<b>Part X Information Regarding Transfers Associated with Personal Benefit Contracts</b> (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 \_\_\_\_\_  
 JANE NICHOLS \_\_\_\_\_ PRESIDENT / CEO  
 Type or print name and title

<b>Paid</b>	Preparer's signature <input type="checkbox"/>	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
<b>Preparer's Use Only</b>	Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/>	FOUNTAIN ARRINGTON BASS MERCER & LEE P O BOX 4768 COLUMBUS GA 31904		EIN <input type="checkbox"/> 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

2007

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 <b>GOODWILL IND. OF THE SOUTHERN RIVERS, INC.</b>	Employer identification number <b>58-6035822</b>
---	---

**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 ▶		2		

**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

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

Schedule A (Form 990 or 990-EZ) 2007

<b>Part III</b> 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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . . . .	159,122	182,051	151,245	242,703	735,121
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 . . . . .	9,024,252	8,294,716	7,091,466	7,865,460	32,275,894
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 . . . . .	487,261	1,433,657	102,535	90,132	2,113,585
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 . . . . .	9,670,635	9,910,424	7,345,246	8,198,295	35,124,600
24 Line 23 minus line 17. . . . .	646,383	1,615,708	253,780	332,835	2,848,706
25 Enter 1% of line 23. . . . .	96,706	99,104	73,452	81,983	
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 2003 through 2006 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: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
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: (2006) _____ (2005) 286,795 (2004) 428,357 (2003) 433,528					
c Add: Amounts from column (e) for lines: 15 735,121 16 _____ 17 32,275,894 20 _____ 21 _____ .. ▶					27c 33,011,015
d Add: Line 27a total _____ and line 27b total . . . . . 1,148,680 .. ▶					27d 1,148,680
e Public support (line 27c total minus line 27d total) . . . . . ▶					27e 31,862,335
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e). . . ▶					27f 35,124,600
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)). . . . . ▶					27g 90.71 %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . ▶					27h 6.02 %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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) 2007	(b) 2006	(c) 2005	(d) 2004	(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		

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) (2007)

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

**Part I** Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	UNITED WAY P.O. BOX 1157 COLUMBUS, GA 31901	\$ 42,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	GEORGIA DEPARTMENT OF LABOR 148 ANDREW YOUNG INTL. BLVD, NE ATLANTA, GA 30303-1751	\$ 389,920	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	STATE FARM INSURANCE 11350 JOHNS CREEK PARKWAY DULUTH, GA 30098-0001	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	COLUMBUS CONSOLIDATED GOVERNMENT 100 10TH STREET COLUMBUS, GA 31901	\$ 16,891	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	COLUMBUS HOUSING AUTHORITY 1000 WYNNTON ROAD COLUMBUS, GA 31906	\$ 159,380	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	U.S. DEPARTMENT OF VETERANS AFFAIR ATLANTA REGIONAL OFFICE 1700 CLAIRMONT ROAD DECATUR, GA 30033	\$ 23,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

**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 2007, 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:  VEHICLES	2002-07	PURCHASE	2007-12

To Whom Sold	Gross Sale Price	Basis	Sales Expense	Gain or (Loss)	Accumulated Depreciation
VARIOUS	15,124	110,838		8,768	104,482
Total	15,124	110,838		8,768	104,482
Publicly traded securities	1,121,462	1,016,874		104,588	

## 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 2007 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	8,539,966	383,460	8,156,506
CAFETERIA FOOD SALES	15,358		15,358
Total	8,555,324	383,460	8,171,864

**SCHEDULE OF OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

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

OPEN TO PUBLIC INSPECTION	For calendar year 2007, 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	-30,396
COMMUNITY CAMPUS FUND BALANCE	-233
<b>Total</b>	<b>-30,629</b>

**SCHEDULE OF DEPRECIATION AND DEPLETION**

ATTACHMENT 4: PAGE 1 - 990 PAGE 2, PART II, LINE 42

OPEN TO PUBLIC INSPECTION	For Calendar year 2007, or tax year period beginning	and ending
---------------------------	--	------------

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

Description of Property	Date Acquired	Cost or Other Basis	Prior Year Depreciation	Method of Computation	Rate (%) or Life (Years)	Depreciation This Year
BUILDING, EQUIPMENT, ETC		9,221,586	1,987,255	STRAIGHT LINE	10	437,105
Total		9,221,586	1,987,255			437,105

**SCHEDULE OF OTHER EXPENSES**

ATTACHMENT 5: PAGE 1 - 990 PAGE 2, PART II, LINE 43

OPEN TO PUBLIC INSPECTION	For calendar year 2007 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
INVESTMENT FEES	19,881		19,881	
ADVERTISING	25,975	25,392	583	
BACKGROUND CHECKS	20,201	19,259	942	
BANK FEES	72,895	67,060	5,835	
CONTRACTED SERVICES	41,018	18,684	22,334	
DRUG SCREENING	11,547	11,168	379	
DUES AND SUBSCRIPTIONS	138,447	4,709	133,738	
EMPLOYEE RECRUITMENT	19,823	11,806	8,017	
EMPLOYEE RELATIONS	15,397	1,338	14,059	
EQUIPMENT MAINTENANCE	75,882	66,950	8,932	
INDIRECT COST ALLOCATION	-696,397	1,127,198	-1,823,595	
INTERDEPARTMENT SERVICES	23,400		23,400	
MISCELLANEOUS	22,338	20,643	1,695	
STAFF TRAINING	64,052	7,735	56,317	
SAFETY AND SECURITY	4,740		4,740	
CONSULTING AND PROFESSIONAL	57,348	25,517	31,831	
TECHNOLOGY EXPENSE	180,212	96,144	84,068	
TAXES AND LICENSES	21,931	21,849	82	
VEHICLE EXPENSE	195,649	186,314	9,335	
BAD DEBT EXPENSE	154,268	154,268		
COMMISSIONS	50,409	50,409		
UNIFORMS	11,141	11,141		
<b>Total</b>	<b>530,157</b>	<b>1,927,584</b>	<b>-1,397,427</b>	

## PRIMARY EXEMPT PURPOSE

ATTACHMENT 6: PAGE 1 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2007 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, SKILLS 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, SKILLS 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 7: PAGE 1 - 990 PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2007, 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 9,906,617

### Exempt Purpose Achievements

DURING THE CURRENT YEAR THE ORGANIZATION PROVIDED EMPLOYMENT OPPORTUNITIES TO 711 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 \$10.28. TOTAL COSTS, EXCLUDING PROGRAMS AND SERVICES WERE \$8,761,906 INCLUDING COMPETITIVE EMPLOYEE BENEFITS. THE ORGANIZATION PROVIDED OPPORTUNITIES FOR 244 TRAINEES WITH DISABILITIES AND OTHER DISADVANTAGES TO IMPROVE THEIR WORK READINESS AND EMPLOYMENT SKILLS ABILITIES TO ENHANCE OPPORTUNITIES TO GAIN 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, HOSPITALITY AND RETAIL) 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 7,429 INDIVIDUALS IN 2007. COMMUNITY PARTNERSHIPS INCLUDED GEORGIA DEPARTMENT OF LABOR, COLUMBUS HOSPITAL AUTHORITY, MUSCOGEE COUNTY SCHOOL DISTRICT, URBAN LEAGUE, NEW HORIZONS, COLUMBUS CONSOLIDATED GOVERNMENT JOB TRAINING DIVISION, WORKFORCE INVESTMENT ACT, MUSCOGEE COUNTY JUVENILE DRUG COURT AND COLUMBUS TECHNICAL COLLEGE. TOTAL PROGRAM COST TO PROVIDE REHAB EDUCATION AND TRAINING WERE \$1,190,384. IN 2007, THE ORGANIZATION TOUCHED MORE THAN 11,159 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 8: PAGE 1 990 PAGE 4, PART IV, LINE 51

OPEN TO PUBLIC INSPECTION	For Calendar year 2007, 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	461,044	2006-12		ON DEMAND	0.0000
COLUMBUS COMMUNITY CAMPUS SUPPORTING ORGANIZATION	315,062	47,317	2006-12		ON DEMAND	0.0000
<b>Total</b>	769,294	508,361				

Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV	Ending FMV (990-PF Only)
REAL AND PERSONAL PROPERTY	BUILDING CONSTRUCTION/EQUIPMENT			
NONE	OPERATIONS			
<b>Total</b>				

## SCHEDULE OF INVESTMENT SECURITIES

ATTACHMENT 9: PAGE 1 - 990 PAGE 4, PART IV, LINE 54

OPEN TO PUBLIC INSPECTION	For calendar year 2007 or tax period beginning _____, and ending _____.
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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	194,125
MONEY MARKET SECURITIES	FMV	118,553
U. S. TREASURY NOTES	FMV	463,571
COMMON STOCKS	FMV	965,727
CORPORATE BONDS	FMV	762,386
Total		2,504,362

**SCHEDULE OF LAND, BUILDINGS & EQUIPMENT**

ATTACHMENT 10: PAGE 1 - 990 PAGE 4, PART IV, LINE 57

OPEN TO PUBLIC INSPECTION	For Calendar year 2007, 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
--	--

Category or Description of Property	Cost or Other Basis	Accumulated Depreciation	End of Year Book Value	Ending FML (990-PF Only)
LAND, BUILDINGS AND EQUIPMENT	9,221,586	2,289,810	6,931,776	
<b>Total</b>	<b>9,221,586</b>	<b>2,289,810</b>	<b>6,931,776</b>	

**SCHEDULE OF MORTGAGES AND OTHER NOTES PAYABLE**

ATTACHMENT 11: PAGE 1 - 990 PAGE 4, PART IV, LINE 64B

OPEN TO PUBLIC INSPECTION	For Calendar year 2007, 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
--	--

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	2007-10	2008-12	ON DEMAND	6.3600
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	REAL ESTATE	

	Total
Total amount of mortgages	

**SCHEDULE OF OTHER LIABILITIES**

ATTACHMENT 12: PAGE 1 - 990 PAGE 4, PART IV, LINE 65

OPEN TO PUBLIC INSPECTION	For calendar year 2007 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	233,142	343,141
ACCRUED AND WITHHELD EXPENSES	118,847	165,844
Totals	351,989	508,985



**SCHEDULE OF OTHER EXPENSES NOT INCLUDED**

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

OPEN TO PUBLIC INSPECTION	For calendar year 2007, 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
COSTS OF GOODS SOLD REPORTED ON FUNCTIONAL EXPENSE STATEMENT	-303,460
<b>Total</b>	<b>-303,460</b>

**CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

ATTACHMENT 15: PAGE 1 - 990 PAGE 5, PART V-A

OPEN TO PUBLIC INSPECTION		For calendar year 2007, 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 2607 CROSS COUNTRY DRIVE COLUMBUS, GA 31906 SEE COMP. EXPL. #1	PRESIDENT/CEO 40.00	151,713	9,941	0
KIM CANTRELL 2607 CROSS COUNTRY DRIVE COLUMBUS, GA 31906 SEE COMP. EXPL. #2	CAO 40.00	69,218	4,755	0
JOEL AMES 2300 VICTORY DRIVE COLUMBUS, GA 31901	CHAIRMAN 2.00	0	0	0
CHUCK WALLS ATTN: GARRISON CDR'S OFFICE FORT BENNING, GA 31905	DIRECTOR 2.00	0	0	0
JOHN CREECH 5800 LAKEWOOD RANCH BLVD SARASOTA, FL 34240	VICE CHAIR 2.00	0	0	0
JUDY GIDDINGS 1838 VICTORY DRIVE COLUMBUS, GA 31901	SECRETARY 2.00	0	0	0
PAT KILLOUGH 2022 15TH AVENUE COLUMBUS, GA 31901	DIRECTOR 2.00	0	0	0
TERRY REIS P.O. BOX 1750 FORTSON, GA 31808	TREASURER 4.00	0	0	0
RICK TURNER 5956 VETERANS PARKWAY COLUMBUS, GA 31909	DIRECTOR 2.00	0	0	0
MIKE LADNER 2607 CROSS COUNTRY DRIVE COLUMBUS, GA 31906	VP OF RETAIL 40.00	82,446	1,837	0
KEITH KENNEDY 2607 CROSS COUNTRY DRIVE COLUMBUS, GA 31906	VP OF MISSION 40.00	86,452	5,518	0
GENE CHESTNUTT 2607 CROSS COUNTRY DRIVE COLUMBUS, GA 31906	DIRECTOR 2.00	0	0	0
KIKE SEDA 2607 CROSS COUNTRY DRIVE COLUMBUS, GA 31906	DIRECTOR 2.00	0	0	0

# COMPENSATION EXPLANATION

ATTACHMENT 16: PAGE 1 - 990 PAGE 5, PART V-A, CURRENT OFFICER COMPENSATION EXPLANATION

OPEN TO PUBLIC INSPECTION	For Calendar year 2007, 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 DISQUALIFIED EMPLOYEES, USUALLY 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 CEO.

## RELATED ORGANIZATION

ATTACHMENT 17: PAGE 1 - 990 PAGE 6, PART VI, LINE 80

OPEN TO PUBLIC INSPECTION For calendar year 2007 or tax period beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

Business Name of Organization	Exempt
POWER WORKS INDUSTRIES	EXEMPT
BEN AND JERRY'S OF THE SOUTHERN RIVERS	EXEMPT
COLUMBUS COMMUNITY CAMPUS	EXEMPT

BOOKS ARE IN CARE OF

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

For calendar year 2007 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 ..... 2607 CROSS COUNTRY DRIVE

U.S. Address:

Zip code 31906 City COLUMBUS State GA

or

Foreign Address

City ..... \_\_\_\_\_

Province or State ..... \_\_\_\_\_

Country ..... \_\_\_\_\_

Postal code ..... \_\_\_\_\_

Phone Number ..... (706) 324-4366

Fax Number ..... \_\_\_\_\_

**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 2007, 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)
		(a) business code	(b) Amount	(c) Excl. code	(d) Amount	Related or exempt function income (see instructions)
A	RECYCLING REVENUE			5	356,198	
B	SALVAGE REVENUE			5	1,141,451	
C	PRIVATE IND. CONTRACTS					76,842
D	WORKFORCE DEVELOPMENT			0		608,973
<b>Totals</b>					<b>1,497,649</b>	<b>685,815</b>

## SCHEDULE OF OTHER REVENUE

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

OPEN TO PUBLIC INSPECTION
 For calendar year 2007 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	MISCELLANEOUS				6,681	
<b>Totals</b>					<b>6,681</b>	

**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 2007 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 2007 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	82,446	1,837	0
KEITH KENNEDY 2607 CROSS COUNTRY DRIVE COLUMBUS, GA 31906	VP OF MISSION 40.00	86,452	5,518	0

**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 2007, 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	99,104	99,104	286,795
Total	385,899	99,104	99,104	286,795

**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 2007, 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
<b>Total</b>	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 2007, 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	81,983	81,983	433,528
Total	515,511	81,983	81,983	433,528

# Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

**2007**

Department of the Treasury  
Internal Revenue Service  
(77)

For calendar year 2007 or other tax year beginning \_\_\_\_\_, 2007, and ending \_\_\_\_\_, 20\_\_\_\_.  
▶ See separate instructions.

Open to Public  
Inspection for 501(c)(3)  
Organizations Only

<b>A</b> <input checked="" type="checkbox"/> Check box if address changed  <b>B</b> Exempt under section <input type="checkbox"/> 501(C)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 408A <input type="checkbox"/> 529(a)	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>GOODWILL IND. OF THE SOUTHERN RIVERS, IN</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>2607 CROSS COUNTRY DRIVE</b> City or town, state, and ZIP code <b>COLUMBUS GA 31906</b>	<b>D</b> Employer ID number (Employees' trust, see instructions for Block D.) <b>58-6035822</b>  <b>E</b> Unrelated business activity codes (See instructions for Block E.)
<b>C</b> Book value of all assets at end of year		<b>F</b> Group exemption number (See instructions for Block F.) ▶	
		<b>G</b> Check organization type . . . ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

**H** Describe the organization's primary unrelated business activity. ▶ **RENTAL OF COMMERCIAL OFFICE SPACE**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . . .  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **JANE NICHOLS** Telephone number ▶ **( 706 ) 324-4366**

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
	c Bal. ▶	1c		
2	Cost of goods sold (Schedule A, line 7)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4 a	Capital gain net income (attach Schedule D)	4a		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c	Capital loss deduction for trusts	4c		
5	Income (loss) from partnerships & S corps. (attach statement)	5		
6	Rent income (Schedule C)	6		
7	Unrelated debt-financed income (Schedule E)	7	354,577	353,352
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)	8		
9	Investment income of a sec. 501(c)(7), (9), or (17) organization (Schedule G)	9		
10	Exploited exempt activity income (Schedule I)	10		
11	Advertising income (Schedule J)	11		
12	Other income (See the instructions; attach schedule.)	12		
13	Total. Combine lines 3 through 12	13	354,577	353,352

Part II	Deductions Not Taken Elsewhere (See the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)	21	22a	22b
14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule)			
19	Taxes and licenses			
20	Charitable contributions (See the instructions for limitation rules.)			
21	Depreciation (attach Form 4562)	21		
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b
23	Depletion			
24	Contributions to deferred compensation plans			
25	Employee benefit programs			
26	Excess exempt expenses (Schedule I)			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach schedule)			
29	Total deductions. Add lines 14 through 28	29		0
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30		1,225
31	Net operating loss deduction (limited to the amount on line 30)	31		
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32		1,225
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)	33		1,000
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34		225

<b>Part III Tax Computation</b>	
35 Organizations Taxable as Corporations. See instructions for tax computation in instructions. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) ..... \$ _____ (2) Additional 3% tax (not more than \$100,000) ..... \$ _____ c Income tax on the amount on line 34. .... ▶	35c <b>34</b>
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ..... ▶	36
37 Proxy tax. See the instructions ..... ▶	37
38 Alternative minimum tax ..... ▶	38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies ..... ▶	39 <b>34</b>

<b>Part IV Tax and Payments</b>	
40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ..... 40a b Other credits (see the instructions) ..... 40b c General business credit. Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) ▶ ..... 40c d Credit for prior year minimum tax (attach Form 8801 or 8827) ..... 40d e Total credits. Add lines 40a through 40d ..... 40e <b>0</b>	
41 Subtract line 40e from line 39 ..... ▶	41 <b>34</b>
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) ..... ▶	42
43 Total tax. Add lines 41 and 42 ..... ▶	43 <b>34</b>
44 a Payments: A 2006 overpayment credited to 2007 ..... 44a	
b 2007 estimated tax payments ..... 44b	
c Tax deposited with Form 8868 ..... 44c	
d Foreign organizations: Tax paid or withheld at source (see instructions) ..... 44d	
e Backup withholding (see instructions) ..... 44e	
f Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ▶ ..... 44f	
45 Total payments. Add lines 44a through 44f ..... ▶	45 <b>0</b>
46 Estimated tax penalty (see the instructions). Check if Form 2220 is attached <input type="checkbox"/> ..... ▶	46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed. .... ▶	47 <b>34</b>
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ..... ▶	48
49 Enter the amount of line 48 you want: Credited to 2008 estimated tax ▶ Refunded ▶	49

<b>Part V Statements Regarding Certain Activities and Other Information</b> (see instructions)	
1 At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here ▶ _____	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? ... If YES, see the instructions for other forms the organization may have to file.	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>
3 Enter the amount of tax-exempt interest received or accrued during the tax year. .... ▶ \$	Yes No <input type="checkbox"/> <input type="checkbox"/>

<b>Schedule A -- Cost of Goods Sold.</b> Enter method of inventory valuation ▶			
1 Inventory at beginning of year ..... 1	2 Purchases ..... 2	6 Inventory at end of year ..... 6	
3 Cost of labor ..... 3	4a Additional section 263A costs (attach schedule) ..... 4a	7 Cost of goods sold. Subtract line 6 from line 5. Enter here and on Part I, line 2 ..... 7	
b Other costs (attach schedule) ..... 4b	5 Total. Add lines 1 through 4b. .... 5 <b>0</b>	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ..... Yes No	Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>

<b>Sign Here</b>	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 taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer _____ Date _____	Title _____	May the IRS discuss this return with the preparer shown below (see instructions)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Paid</b>	Preparer's signature ▶	Date	Check if self-employed <input type="checkbox"/>
<b>Preparer's Use Only</b>	Firm's name (or yours if self-employed), address, and ZIP code	EIN	Preparer's SSN or PTIN
	FOUNTAIN ARRINGTON BASS MERCER&L P O BOX 4768 COLUMBUS GA 31904	58-1307612	P00621153
		Phone no.	
		706-322-5482	

**Schedule C -- Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1 Description of property**

(1)	
(2)	
(3)	
(4)	

2 Rent received or accrued		3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0	Total
Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . . . ▶		Total deductions. Enter here and on page 1, Part I, line 6, column (B). . . ▶
		0

**Schedule E -- Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1) SEE ATTACHMENT #23				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A). 354,577	Enter here and on page 1, Part I, line 7, column (B). 353,352
Total dividends-received deductions included in column 8 . . . . . ▶				0

**Schedule F -- Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals . . . . . ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0

**Schedule G -- Investment Income of a Section 501(c)(7), (9), or (17) Organization**

(see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....	0			0

**Schedule I -- Exploited Exempt Activity Income, Other Than Advertising Income**

(see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....	0	0				0

**Schedule J -- Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b> ..	0	0	0	0	0	0

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1)						
(2)						
(3)						
(4)						
(5) <b>Totals from Part I</b>	0	0				0
<b>Totals, Part II (lines 1-5)</b> .....	0	0				0

**Schedule K -- Compensation of Officers, Directors, and Trustees** (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total. Enter here and on page 1, Part II, line 14</b> .....			0



**FORM 990-T SCHEDULE E - ADDITIONAL WORKSHEET**

ATTACHMENT 24: PAGE 1 - 990-T PAGE 3, SCHEDULE E, WORKSHEET

<b>OPEN TO PUBLIC INSPECTION</b>	For calendar year 2007, or tax period beginning _____, and ending _____.	
Name of Organization <b>GOODWILL IND. OF THE SOUTHERN RIVERS, INC.</b>		Employer Identification Number <b>58-6035822</b>

Column 3a - Straight-line Depreciation

Property number .....	1
Cost .....	_____
Less: land .....	( _____ )
Depreciable basis .....	_____
Depreciation method .....	_____
Life or Rate .....	%
Current-year depreciation .....	28,109

Column 3b - Other Deductions

Janitorial services .....	_____
Insurance .....	39,598
Interest .....	238,206
Property taxes .....	_____
Repairs .....	14,826
Ground maintenance .....	_____
Utilities .....	43,927
Other .....	21,438
Total .....	357,995

Column 4 - Average Acquisition Debt

Sum of debt outstanding at first of each month during year .....	42,000,000
Divided by total number of months property was held during year .....	12
Average acquisition debt .....	3,500,000

Column 5 - Average Adjusted Basis

Adjusted basis on first day property was held during the year .....	3,824,413
Adjusted basis on last day property was held during the year .....	3,824,413
Total .....	7,648,826
Divided by 2 .....	2
Average adjusted basis .....	3,824,413

2007 DETAIL STATEMENTS

GOODWILL IND. OF THE SOUTHERN  
58-6035822

PAGE 1

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

INSURANCE.....	39,598
INTEREST.....	238,206
REPAIRS AND MAINTENACE.....	14,827
UTILITIES.....	43,926
OTHER.....	3,145
FROM COLUMBUS COMMUNITY CAMPUS.....	18,294

TOTAL CARRIED TO 990-EO PG 1..... 357,996

STATEMENT #2 - OTHER DEDUCTIONS (990-T PG3 #1 COLUMN 3B)

CONSULTING FEES.....	3,146
ACCOUNTING FEES.....	2,000
PEST CONTROL.....	885
SECURITY.....	2,009
OFFICE EXPENSE.....	50
COMMISSIONS.....	882
PROFESSIONAL FEES.....	12,466

TOTAL CARRIED TO 990-T PG3 #1 COLUMN 3B..... 21,438