

Return of Organization Exempt From Income Tax

2010

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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 2010 calendar year, or tax year beginning , **2010**, and ending ,

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

D Employer Identification Number
58-6035822

E Telephone number
(706) 256-1822

G Gross receipts \$ 12,961,746.

F Name and address of principal officer: JANE P. NICHOLS
SAME AS C ABOVE

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If 'No,' attach a list. (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: WWW.GWISR.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of Formation: 1960

M State of legal domicile: GA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE 0.</u>			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	22	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	22	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	624	
	6	Total number of volunteers (estimate if necessary)	70	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	-165,617.	
7b	Net unrelated business taxable income from Form 990-T, line 34	-293,232.		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	14,817.	6,305.
	9	Program service revenue (Part VIII, line 2g)	2,086,106.	2,124,860.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	72,123.	84,753.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,660,679.	9,904,218.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,833,725.	12,120,136.	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,222,634.	7,738,157.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,415,846.	4,510,103.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,638,480.	12,248,260.	
19	Revenue less expenses. Subtract line 18 from line 12	1,195,245.	-128,124.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	14,682,707.	14,417,390.
	21	Total liabilities (Part X, line 26)	5,198,269.	5,061,076.
22	Net assets or fund balances. Subtract line 21 from line 20	9,484,438.	9,356,314.	

Part II Signature Block

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.

Sign Here

Signature of officer: JANE P. NICHOLS Date: _____
 Type or print name and title: PRESIDENT & CEO

Paid Preparer Use Only

Print/Type preparer's name: DAVID J. BASS Preparer's signature: _____ Date: _____
 Check if self-employed if PTIN: N/A

Firm's name: FOUNTAIN, ARRINGTON, BASS, MERCER & LEE, P.C.
 Firm's address: 2101 BROOKSTONE CENTRE PARKWAY SUITE 100 COLUMBUS, GA 31904
 Firm's EIN: N/A Phone no.: 706-322-5482

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: []) (Expenses \$ 9,619,754. including grants of \$ []) (Revenue \$ 10,566,371.)

RETAIL-RETAIL STORES REPRESENT NEARLY 82% OF GROSS REVENUE; THEREFORE, THE SALE OF GENTLY USED DONATIONS IS THE PRIMARY SOURCE THROUGH WHICH GOODWILL FUNDS ITS MISSIONS. DURING 2010, THE ORGANIZATION PROVIDED EMPLOYMENT OPPORTUNITIES FOR 351 INDIVIDUALS THROUGH ITS RETAIL OPERATIONS. ADDITIONALLY, FIVE RETAIL LOCATIONS PROVIDED MISSION RELATED SERVICES ON SITE RESULTING IN 21,669 PEOPLE SERVED AND 3,336 PEOPLE PLACED INTO COMPETITIVE EMPLOYMENT. IN ADDITION TO THE STORE LOCATIONS, GWISR HAD 69 DONATION SITES LOCATED THROUGHOUT THE 50 COUNTY TERRITORY IN GEORGIA AND ALABAMA AND COLLECTING AND RECYCLING MORE THAN 4,268 TONS OF GENTLY USED HOUSEHOLD GOODS.

4b (Code: []) (Expenses \$ 1,686,919. including grants of \$ []) (Revenue \$ 574,560.)

MISSION SERVICES DURING 2010 SERVED 21,669 INDIVIDUALS AND PLACED 3,336 INDIVIDUALS INTO COMPETITIVE EMPLOYMENT GENERATING AN ECONOMIC IMPACT FOR OUR COMMUNITIES OF \$51,673,621. THE ORGANIZATION ASSISTED INDIVIDUALS WITH DISABILITIES AND OTHER DISADVANTAGES THROUGH A HOST OF SERVICES TO INCLUDE: WORK ADJUSTMENT, WORK EVALUATION, SUPPORTED EMPLOYMENT, WORK EXPERIENCE, CUSTODIAL TRAINING, RETAIL TRAINING, SUMMER ENRICHMENT AND COMMUNITY VOUCHERS. FREE SERVICES OFFERED THROUGHOUT OUR TERRITORY MAKE UP 96% OF ALL THE PROGRAMS PROVIDED IN 2010.

FOR MORE INFORMATION OF GWISR'S ACCOMPLISHMENT, PLEASE VISIT OUR WEB SITE AT WWW.GWISR.ORG.

4c (Code: []) (Expenses \$ 311,937. including grants of \$ []) (Revenue \$ 1,550,300.)

SALVAGE AND CONTRACTS - AS A RESULT OF RECEIVING A LARGE VOLUME OF DONATED GOODS, SOME OF THESE ARE NOT IN A CONDITION TO BE PROCESSED AND SOLD IN THE RETAIL LOCATIONS. THESE ITEMS ARE PACKAGED AND SOLD THROUGH THE SALVAGE COMMODITY MARKET. GWISR HAS A CONTRACTS DIVISION THAT PROVIDES CUSTODIAL SERVICES TO LOCAL LARGE FACILITIES. THE INDIVIDUALS WORKING ON THESE CONTRACTS GAIN VALUABLE WORK EXPERIENCE WHILE PROVIDING A NEEDED SERVICE IN THE COMMUNITY. THE REVENUE GENERATED FROM THESE TWO PROGRAMS HELPS FURTHER THE MISSION OF THE ORGANIZATION.

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ 55,421. including grants of \$ []) (Revenue \$ [])

4e Total program service expenses 11,674,031.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If 'Yes,' complete Schedule A.</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II.</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If 'Yes,' complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>		X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If 'Yes,' complete Schedule D, Part IX.</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If 'Yes,' complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If 'Yes,' complete Schedule D, Part X.</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If 'Yes,' complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Parts I and IV.</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If 'Yes,' complete Schedule F, Parts II and IV.</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If 'Yes,' complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If 'Yes,' complete Schedule G, Part I (see instructions).</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If 'Yes,' complete Schedule G, Part II.</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If 'Yes,' complete Schedule G, Part III.</i>		X
20 a Did the organization operate one or more hospitals? <i>If 'Yes,' complete Schedule H.</i>		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If 'Yes,' complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	X	
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 11		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 624		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.	X	
4 a	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
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	X	
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year. 		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12. 		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders. 		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. 		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13 b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 		
13 c	Enter the amount of reserves on hand. 		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.		

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI.

Section A. Governing Body and Management

		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year. 1 a 22		
1 b	Enter the number of voting members included in line 1a, above, who are independent. 1 b 22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? SEE SCHEDULE O	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7 b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8 a	a The governing body?	X	
8 b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10 a	Does the organization have local chapters, branches, or affiliates?		X
10 b	If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11 b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13.	X	
12 b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12 c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15 a	a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE O.	X	
15 b	b Other officers of key employees of the organization. SEE SCHEDULE O.	X	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16 b	If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ GA AL
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 ▶ TERRY REIS 2600 CROSS COUNTRY DRIVE, BLDG A COLUMBUS GA 31906 (706) 324-4366

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOEL AMES DIRECTOR	1	X					0.	0.	0.	
(2) JUDY GIDDINGS DIRECTOR	1	X					0.	0.	0.	
(3) SAM HALL DIRECTOR	1	X					0.	0.	0.	
(4) KATIE COAKLEY DIRECTOR	1	X					0.	0.	0.	
(5) COREY LINDSEY DIRECTOR	1	X					0.	0.	0.	
(6) RICK TURNER DIRECTOR	1	X					0.	0.	0.	
(7) ELIZABETH DILLARD DIRECTOR	1	X					0.	0.	0.	
(8) LEN WILLIAMS DIRECTOR	1	X					0.	0.	0.	
(9) GREG AUTEN DIRECTOR	1	X					0.	0.	0.	
(10) MAX BRABSON DIRECTOR	1	X					0.	0.	0.	
(11) BRANDON COCKRELL DIRECTOR	1	X					0.	0.	0.	
(12) VALERIE FULLER DIRECTOR	1	X					0.	0.	0.	
(13) GARY JONES DIRECTOR	1	X					0.	0.	0.	
(14) JOEY LOUDERMILK DIRECTOR	1	X					0.	0.	0.	
(15) JACKI LOWE DIRECTOR	1	X					0.	0.	0.	
(16) JAMIE LOYD DIRECTOR	1	X					0.	0.	0.	
(17) KEVIN SASS DIRECTOR	1	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JACK WARDEN DIRECTOR	1	X					0.	0.	0.	
(19) RICHARD YOUNG DIRECTOR	1	X					0.	0.	0.	
(20) JOHN CREECH SECRETARY	1			X			0.	0.	0.	
(21) JANE P. NICHOLS PRESIDENT & CEO	55			X			224,798.	0.	19,926.	
(22) ELAINE ELLERBEE TREASURER	1			X			0.	0.	0.	
(23) JOHN HARGROVE CHAIRMAN	1			X			0.	0.	0.	
(24) TERRY REIS VP OF FINANCE	40			X			80,384.	0.	7,306.	
(25)										
(26)										
(27)										
(28)										
(29)										
1 b Sub-total							305,182.	0.	27,232.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							305,182.	0.	27,232.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i>	3	X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i>	5	X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a					
	b Membership dues	1 b					
	c Fundraising events	1 c					
	d Related organizations	1 d					
	e Government grants (contributions)	1 e					
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	6,305.				
	g Noncash contributions included in lns 1a-1f: \$						
h Total. Add lines 1a-1f		6,305.					
PROGRAM SERVICE REVENUE	2 a <u>SALVAGE PROGRAM</u>	Business Code	1,464,082.			1,464,082.	
	b <u>MISSION SERVICES</u>		574,560.	574,560.			
	c <u>CONTRACTS</u>		86,218.	86,218.			
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f		2,124,860.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		84,753.			84,753.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
		137,027.					
		b Less: rental expenses	302,644.				
		c Rental income or (loss)	-165,617.				
	d Net rental income or (loss)			-165,617.	-165,617.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	10566371.					
	b Less: cost of goods sold	b	538,966.				
	c Net income or (loss) from sales of inventory		10,027,405.	10,027,405.			
Miscellaneous Revenue		Business Code					
11 a <u>OTHER INCOME</u>			42,430.	42,430.			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			42,430.				
12 Total revenue. See instructions			12,120,136.	10,730,613.	-165,617.	1,548,835.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
 All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	376,369.	351,223.	25,146.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	6,004,774.	4,982,155.	1,022,619.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	74,312.		74,312.	
9 Other employee benefits	845,083.	718,963.	126,120.	
10 Payroll taxes	437,619.	382,062.	55,557.	
11 Fees for services (non-employees):				
a Management				
b Legal	48,251.	424.	47,827.	
c Accounting	25,355.	5,324.	20,031.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	12,966.	12,966.		
g Other				
12 Advertising and promotion	98,502.	98,102.	400.	
13 Office expenses	704,735.	563,810.	140,925.	
14 Information technology	223,674.	129,285.	94,389.	
15 Royalties				
16 Occupancy	2,194,777.	2,123,482.	71,295.	
17 Travel	374,496.	342,210.	32,286.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	125,393.		125,393.	
22 Depreciation, depletion, and amortization	633,887.	557,993.	75,894.	
23 Insurance	128,573.	75,624.	52,949.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>BAD DEBT EXPENSE</u>	482,160.		482,160.	
b <u>CONTRACT SVC EXPENSE</u>	78,296.	38,721.	39,575.	
c <u>PRINTING AND PUBLICATIONS</u>	66,576.	57,165.	9,411.	
d <u>STAFF TRAINING</u>	57,588.	1,515.	56,073.	
e <u>MISCELLANEOUS</u>	37,005.	22,619.	14,386.	
f All other expenses	-782,131.	1,210,388.	-1,992,519.	
25 Total functional expenses. Add lines 1 through 24f	12,248,260.	11,674,031.	574,229.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
ASSETS	1	Cash — non-interest-bearing	1,583,037.	1	792,204.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,090,431.	4	867,848.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net	1,192,346.	7	1,002,926.
	8	Inventories for sale or use	732,559.	8	775,776.
	9	Prepaid expenses and deferred charges	115,816.	9	145,750.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 12,244,236.		
	b	Less: accumulated depreciation	10b 4,096,674.	10c 7,524,460.	8,147,562.
	11	Investments — publicly traded securities	2,129,009.	11	2,470,441.
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	315,049.	15	214,883.
16	Total assets. Add lines 1 through 15 (must equal line 34)	14,682,707.	16	14,417,390.	
LIABILITIES	17	Accounts payable and accrued expenses	431,851.	17	486,522.
	18	Grants payable		18	
	19	Deferred revenue		19	3,246.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	3,397,916.	23	3,222,917.
	24	Unsecured notes and loans payable to unrelated third parties	731,302.	24	1,001,306.
	25	Other liabilities. Complete Part X of Schedule D	637,200.	25	347,085.
	26	Total liabilities. Add lines 17 through 25	5,198,269.	26	5,061,076.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.				
	27	Unrestricted net assets	9,230,547.	27	9,205,756.
	28	Temporarily restricted net assets	129,655.	28	26,322.
	29	Permanently restricted net assets	124,236.	29	124,236.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances.	9,484,438.	33	9,356,314.
34	Total liabilities and net assets/fund balances.	14,682,707.	34	14,417,390.	

BAA

Form 990 (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,120,136.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,248,260.
3	Revenue less expenses. Subtract line 2 from line 1	3	-128,124.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,484,438.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,356,314.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
3b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

BAA

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 exempt 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)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?.....		
(ii) A family member of a person described in (i) above?.....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?.....		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.')...						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc (see instructions).					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test – 2010. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 33-1/3% support test – 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)	159,122.	96,651.	36,039.	14,817.	6,305.	312,934.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	9,024,252.	10370777.	10744129.	11601216.	10566371.	52,306,745.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	9,183,374.	10467428.	10780168.	11616033.	10572676.	52,619,679.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						52,619,679.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6.	9,183,374.	10467428.	10780168.	11616033.	10572676.	52,619,679.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	487,261.	252,120.	87,359.	72,123.	84,753.	983,616.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	487,261.	252,120.	87,359.	72,123.	84,753.	983,616.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
13 Total support. (Add lines 9, 10c, 11, and 12.)	9,670,635.	10719548.	10867527.	11688156.	10657429.	53,603,295.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**.

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)).	15	98.2 %
16 Public support percentage from 2009 Schedule A, Part III, line 15.	16	95.6 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)).	17	1.8 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17.	18	4.4 %

19a 33-1/3% support tests – 2010. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33-1/3% support tests – 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2010

Name of the organization GOODWILL IND. OF THE SOUTHERN
RIVERS, INC.

Employer identification number
58-6035822

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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 an organization 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 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions 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 990-EZ, that received from any one contributor, during the year, 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: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

GOODWILL IND. OF THE SOUTHERN

58-6035822

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	UNITED WAY ----- P.O. BOX 1157 ----- COLUMBUS, GA 31901 -----	\$ 31,164.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
2	GEORGIA DEPARTMENT OF LABOR ----- 148 ANDREW YOUNG INTL BLVD NE ----- ATLANTA, GA 30303-1751 -----	\$ 432,363.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
3	WACHOVIA FOUNDATION ----- 301 SOUTH COLLEGE STREET ----- CHARLOTTE, NC 28288 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
4	COLUMBUS CONSOLIDATED GOVT ----- 100 10 STREET ----- COLUMBUS, GA 31901 -----	\$ 16,981.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
5	BB & T CHARITABLE FOUNDATION ----- P.O. BOX 1547 ----- WINSTON-SALEM, NC 27102-1547 -----	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>
6	U.S. DEPARTMENT OF VETERANS AFFAIRS ----- 1700 CLAIRMONT ROAD ----- ATLANTA, GA 30033 -----	\$ 17,325.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> <small>(Complete Part II if there is a noncash contribution.)</small>

Name of organization

Employer identification number

GOODWILL IND. OF THE SOUTHERN

58-6035822

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	BANK OF AMERICA CHARITABLE FOUND. ----- 100 NORTH TYRON STREET ----- CHARLOTTE, NC 28255 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	VARIOUS INDIVIDUALS AND BUSINESSES ----- VARIOUS ----- VARIOUS CITIES, GA 31907 -----	\$ 551,224.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	VARIOUS INDIVIDUALS ----- VARIOUS ----- VARIOUS CITIES, GA 31907 -----	\$ 9,143,976.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
---	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

GOODWILL IND. OF THE SOUTHERN

58-6035822

Part II Noncash Property (see instructions.)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	BOOKS AND PUBLICATIONS	\$ 551,224.	VARIOUS
9	CLOTHING AND HOUSEHOLD GOODS	\$ 9,143,976.	VARIOUS

BAA

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

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete cols (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

GOODWILL IND. OF THE SOUTHERN RIVERS, INC.

Employer identification number

58-6035822

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Rows include purpose(s) of conservation easements, total number of easements, total acreage, and various monitoring and reporting questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

Table with 3 columns: Line number, Description, Amount. Rows include questions about reporting art and historical treasures, and amounts for revenues and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		3,408,335.		3,408,335.
b Buildings		3,536,679.	484,865.	3,051,814.
c Leasehold improvements		1,712,572.	290,270.	1,422,302.
d Equipment		2,901,614.	2,772,994.	128,620.
e Other		685,036.	548,545.	136,491.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 8,147,562.

BAA

Part VII Investments—Other Securities. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		

Part VIII Investments—Program Related. (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets. (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column(B), line 15)	

Part X Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) ACCRUED AND WITHHELD EXPENSES	264,594.
(3) ACCRUED WAGES	82,491.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	347,085.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	12,120,136.
2	Total expenses (Form 990, Part IX, column (A), line 25)	12,248,260.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	-128,124.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	-128,124.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	10,694,493.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains on investments	2a	-899,643.
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIV) . . . SEE PART XIV	2d	12,966.
	e Add lines 2a through 2d	2e	-886,677.
3	Subtract line 2e from line 1	3	11,581,170.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV) . . . SEE PART XIV	4b	538,966.
	c Add lines 4a and 4b	4c	538,966.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,120,136.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	11,709,294.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIV)	2d	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	11,709,294.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	b Other (Describe in Part XIV) . . . SEE PART XIV	4b	538,966.
	c Add lines 4a and 4b	4c	538,966.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,248,260.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

2010

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

CLIENT 4002

GOODWILL IND. OF THE SOUTHERN
RIVERS, INC.

58-6035822

11/16/11

10:58AM

**SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

INVESTMENT EXPENSE.....	\$	12,966.
TOTAL	\$	<u>12,966.</u>

**SCHEDULE D, PART XII, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

COST OF SALES IN FUNCTIONAL EXPENSE.....	\$	538,966.
TOTAL	\$	<u>538,966.</u>

**SCHEDULE D, PART XIII, LINE 4B
OTHER EXPENSES INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S**

COST OF SALES IN FUNCTIONAL EXPENSE.....	\$	538,966.
TOTAL	\$	<u>538,966.</u>

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2010

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
▶ Attach to Form 990. ▶ See separate instructions.**

Open to Public Inspection

Name of the organization

Employer identification number

GOODWILL IND. OF THE SOUTHERN

58-6035822

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain.....

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?.....

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?..... **4a**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?..... **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement?..... **4c**
- If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?..... **5a**
- b** Any related organization?..... **5b**
- If 'Yes' to line 5a or 5b, describe in Part III. **PART III**

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?..... **6a**
- b** Any related organization?..... **6b**
- If 'Yes' to line 6a or 6b, describe in Part III. **PART III**

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III..... **7**

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III..... **8**

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?..... **9**

	Yes	No
1 b	X	
2	X	
4 a		X
4 b	X	
4 c		X
5 a	X	
5 b	X	
6 a	X	
6 b	X	
7		X
8		X
9		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1	(i)	0.	0.	0.	0.	8,636.	8,636.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 5 - COMPENSATION CONTINGENT ON REVENUES OR RELATED ORGANIZATIO

CERTAIN KEY EMPLOYEE'S COMPENSATION CAN INCLUDE AN ELEMENT OF INCENTIVE PAY PROVIDED CERTAIN GOALS ARE

ACHIEVED DURING THE YEAR. THESE GOALS TYPICALLY INCLUDE MEETING GROSS REVENUE GOALS AND MAINTAINING EXPENSE

ITEMS IN LINE WITH AMOUNTS BUDGETED FOR THE YEAR. THESE FACTORS ARE ALL CONSIDERED AND EVALUATED FOR ANY

INCENTIVE PAY. SINCE THE ORGANIZATION HAS OVERSIGHT OF POWERWORKS AND BEN & JERRY'S AS INDICATED IN THIS

RETURN, CONSOLIDATED NUMBERS ARE USED WHEN MAKING THAT DETERMINATION.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 6 - COMPENSATION CONTINGENT ON NET EARNINGS OR RELATED ORGANIZATION

CERTAIN KEY EMPLOYEE'S COMPENSATION CAN INCLUDE AN ELEMENT OF INCENTIVE PAY PROVIDED CERTAIN GOALS ARE ACHIEVED DURING THE YEAR. THESE GOALS TYPICALLY INCLUDE MEETING GROSS REVENUE GOALS AND MAINTAINING EXPENSE ITEMS IN LINE WITH AMOUNTS BUDGETED FOR THE YEAR. THESE FACTORS ARE ALL CONSIDERED AND EVALUATED FOR ANY INCENTIVE PAY. SINCE THE ORGANIZATION HAS OVERSIGHT OF POWERWORKS AND BEN & JERRY'S AS INDICATED IN THIS RETURN, CONSOLIDATED NUMBERS ARE USED WHEN MAKING THAT DETERMINATION.

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART III - ADDITIONAL INFORMATION

THE COMPENSATION COMMITTEE IS RESPONSIBLE FOR SETTING COMPENSATION LEVELS FOR KEY

EMPLOYEES. THESE LEVELS ARE BASED UPON THE COMPENSATION PHILOSOPHY ADOPTED, TWO

THIRD PARTY SALARY AND COMPENSATION SURVEYS, GOODWILL INDUSTRIES INTERNATIONAL

RESOURCES, AND THE BACKGROUND AND EXPERIENCE OF THE COMMITTEE MEMBERS. TO FAIRLY

COMPENSATE THESE KEY EMPLOYEES, THE COMMITTEE CONSIDERS MULTIPLE FACTORS WHICH

INCLUDES THAT THESE KEY EMPLOYEES HAVE RESPONSIBILITIES FOR MULTIPLE ENTITIES TO

INCLUDE COLUMBUS COMMUNITY, GOODWILL INDUSTRIES OF THE SOUTHERN RIVERS, AND

POWERWORKS INDUSTRIES, INC. COLLECTIVELY THESE ENTITIES REPRESENT MORE THAN 450

EMPLOYEES AND GENERATE AN ANNUAL BUDGET OF NEARLY \$20 MILLION WHILE SERVING MORE

THAN 21,000 PEOPLE AND PLACING 3,336 PEOPLE INTO EMPLOYMENT IN THE COMMUNITY. THE

LEVEL OF EXPERTISE REQUIRED TO MANAGE MULTIPLE ENTITIES TO ACCEPTABLE PERFORMANCE

LEVELS IS CRITICAL TO THE SUSTAINED SUCCESS OF THE ORGANIZATION AND ITS IMPACT ON

THE COMMUNITIES WE SERVE.

COMPENSATION FROM UNRELATED ORGANIZATIONS

KEY EMPLOYEES RECEIVED NO DIRECT COMPENSATION FROM ANY UNRELATED OR RELATED

ORGANIZATIONS.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization **GOODWILL IND. OF THE SOUTHERN RIVERS, INC.**

Employer identification number
58-6035822

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total				▶ \$ _____						

Part III Grants or Assistance Benefitting Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2010

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered 'Yes'**
on Form 990, Part IV, lines 29 or 30.

▶ **Attach to Form 990.**

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization **GOODWILL IND. OF THE SOUTHERN
RIVERS, INC.**

Employer identification number
58-6035822

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		551,224.	
5 Clothing and household goods	X		9,143,976.	
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution— Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X
33		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule **M** (Form 990) 2010

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered 'Yes' to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990. ▶ See separate instructions.**

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2010

Open to Public Inspection

Name of the organization

GOODWILL IND. OF THE SOUTHERN RIVERS, INC.

Employer identification number

58-6035822

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) COLUMBUS COMMUNITY CAMPUS, LLC 2607 CROSS COUNTRY DRIVE, BLDG A COLUMBUS, GA 31906 20-5776040	REAL ESTATE				
(2) COLUMBUS, GA 31906 20-5776040	MANAGEMENT AND RENTAL	GA	137,027.	4,463,114.	N/A
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) POWER WORKS INDUSTRIES, INC. 2607 CROSS COUNTRY DRIVE, BLDG A COLUMBUS, GA 31906 58-2267548	CUSTODIAL SERVICES UNDER FEDERAL CONTRACTS	GA	501 (C) (3)	TYPE 1	N/A		X
(3) BEN AND JERRY'S OF THE SOUTHERN RIVERS, INC. 2607 CROSS COUNTRY DRIVE, BLDG A COLUMBUS, GA 31906 02-0440009	PROVIDING JOB SKILLS TRAINING TO AT RISK YOUTHS	GA	501 (C) (3)	TYPE 1	N/A		X
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- -----												
(2) ----- ----- -----												
(3) ----- ----- -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ----- ----- -----							
(2) ----- ----- -----							
(3) ----- ----- -----							

Part V Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, 35a, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity.....		X
b Gift, grant, or capital contribution to other organization(s).....		X
c Gift, grant, or capital contribution from other organization(s).....		X
d Loans or loan guarantees to or for other organization(s).....		X
e Loans or loan guarantees by other organization(s).....		X
f Sale of assets to other organization(s).....		X
g Purchase of assets from other organization(s).....	X	
h Exchange of assets.....		X
i Lease of facilities, equipment, or other assets to other organization(s).....		X
j Lease of facilities, equipment, or other assets from other organization(s).....		X
k Performance of services or membership or fundraising solicitations for other organization(s).....	X	
l Performance of services or membership or fundraising solicitations by other organization(s).....		X
m Sharing of facilities, equipment, mailing lists, or other assets.....		X
n Sharing of paid employees.....	X	
o Reimbursement paid to other organization for expenses.....		X
p Reimbursement paid by other organization for expenses.....	X	
q Other transfer of cash or property to other organization(s).....		X
r Other transfer of cash or property from other organization(s).....		X

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) POWER WORKS INDUSTRIES, INC.	K	715,509.	COST
(2) POWER WORKS INDUSTRIES, INC.	N	60,198.	COST
(3) POWER WORKS INDUSTRIES, INC.	P	204,544.	COST
(4) BEN AND JERRY'S OF THE SOUTHERN RIVERS	G	764,414.	DEBT BASIS
(5) BEN AND JERRY'S OF THE SOUTHERN RIVERS	N	37,832.	COST
(6) BEN AND JERRY'S OF THE SOUTHERN RIVERS	P	40,719.	COST

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) _____ _____ _____										
(2) _____ _____ _____										
(3) _____ _____ _____										
(4) _____ _____ _____										
(5) _____ _____ _____										
(6) _____ _____ _____										
(7) _____ _____ _____										
(8) _____ _____ _____										

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Name of the organization **GOODWILL IND. OF THE SOUTHERN
RIVERS, INC.**

Employer identification number
58-6035822

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

THE MISSION OF GOODWILL INDUSTRIES OF THE SOUTHERN RIVERS IS DEVELOPING PEOPLE,
CHANGING LIVES, AND BUILDING COMMUNITIES. OUR RETAIL STORES ARE FOUNDATIONAL TO OUR
SUSTAINABILITY AND DELIVERY OF THE MISSION THROUGHOUT OUR 50 COUNTY TERRITORY. IN
THE STORES, OUR INTAKE AND PROCESSING STATIONS EMPLOY PEOPLE FROM YOUR COMMUNITY.
THE SALE OF THE ITEMS YIELDS THE DOLLARS TO MAINTAIN THE STORE AND FUND ALL OF THE
TRAINING PROGRAMS. THE PROGRAMS THEMSELVES PRODUCE TRAINED, CONFIDENT WORKERS WHO
BECOME CUSTOMERS AND RESOURCES WITHIN YOUR COMMUNITY. IN FACT, WE PLACED 3,336
PEOPLE IN JOBS THROUGH OUR CAREER CENTERS AND TRAINING IN 2010. THESE PROGRAMS ARE
EASING POVERTY AND UNEMPLOYMENT AND POSITIVELY IMPACTING ECONOMIC STABILITY. GWISR
IS FOCUSED ON IMPACTING POVERTY IN OUR TERRITORY. THIS MEANS THAT OUR MISSION
DELIVERY MECHANISMS MUST CONSTANTLY BE EVALUATED AND UPDATED TO INCLUDE THE MOST
EFFECTIVE AND IMPACTFUL MEANS OF IMPACTING THE COMMUNITY. ONE EXAMPLE OF THIS IS IN
THE 4TH QUARTER OF 2009, GWISR PARTNERED WITH UNITED WAY OF THE CHATTAHOOCHEE VALLEY
TO SECURE AND FUND A YEAR ROUND VOLUNTEER INCOME TAX PREPARATION SITE FOR COLUMBUS
AND ITS SURROUNDING COUNTIES. MORE THAN \$21 MILLION OF EARNED INCOME TAX CREDITS
GOES UNCLAIMED EACH YEAR IN THE AREA. THE SITE OPENED ON JANUARY 15, 2010.

ADDITIONALLY OUR MISSION MUST CONTINUE TO EXPAND TO MEET THE NEEDS OF THE
COMMUNITIES IN OUR TERRITORY. IN 2009, GWISR OPENED A NEWNAN CAREER CENTER IN
PARTNERSHIP WITH ITS ALREADY EXISTING RETAIL STORE. IN 2010, IT OPENED A RETAIL AND
CAREER CENTER IN AUBURN/OPELIKA, ALABAMA AND A SUCCESS CENTER IN THE COLUMBUS
MARKET. THE SUCCESS CENTER WILL BE THE FIRST OF ITS KIND OFFERING BI-LINGUAL
SERVICES TO BOTH THE ENGLISH AND HISPANIC POPULATIONS AS WELL AS YEAR ROUND
FINANCIAL EDUCATION AMONGST OTHER THINGS.

Name of the organization **GOODWILL IND. OF THE SOUTHERN
RIVERS, INC.**

Employer identification number
58-6035822

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

IN 2009, AFTER 15 YEARS OF SUCCESSFUL PARTNERSHIP WITH THE CITY OF COLUMBUS, GEORGIA, GOODWILL ELECTED NOT TO RE-BID THE PROCESSING AND COMMODITIES BROKERAGE OF RECYCLED GOODS. THE CONTRACT ENDED IN JUNE 2009. IN EMBRACING GOODWILL'S OPERATIONAL PHILOSOPHY OF LONG-TERM SUSTAINABILITY, THE INITIAL DECISION WAS MADE TO RE-DEVOTE THE TALENT IN THE RECYCLING AREA ALONG WITH THE FOCUS OF THE SUPPORT TEAMS TO OUR CORE LINES OF REVENUE IN RETAIL AND SERVICE CONTRACTS. SINCE THE DECISION WAS MADE, THE COMMODITIES MARKET FOR RECYCLING EXPERIENCED A DRAMATIC DECLINE FURTHER SOLIDIFYING THE ORGANIZATION'S DECISION NOT TO RE-BID THE CONTRACT. ADDITIONALLY, AS FURTHER EMBRACEMENT OF LONG-TERM SUSTAINABILITY AND BEING AN EMPLOYER OF CHOICE, THE FIVE EMPLOYEES WORKING IN RECYCLING WERE ALL PLACED IN OTHER OPERATIONS WITHIN OUR ORGANIZATION. IN 2010, EXPENSES OF \$55,421 WERE INCURRED IN THE WINDING DOWN AND CLOSURE OF THAT PROGRAM.

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS, ETC.

TWO DIRECTORS ARE MEMBERS OF ANOTHER UNRELATED BUSINESS ENTITIES THAT TRANSACTS NO BUSINESS WITH THE AGENCY.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

DRAFT COPIES OF THE ANNUAL 990 ARE PROVIDED TO THE AUDIT COMMITTEE FOR ACCURACY IN RELATION TO FINANCIAL DATA AND TO ENSURE ALL NARRATIVE INFORMATION IS FACTUALLY ACCURATE. FINAL 990S ARE AVAILABLE ON THE GOODWILL INDUSTRIES OF THE SOUTHERN RIVER'S INC. WEB SITE ALONG WITH AUDITED FINANCIALS AND OTHER OUTCOMES.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

ALL EMPLOYEES ARE REQUIRED TO INFORM MANAGEMENT OF ANY KNOWN CONFLICT OF INTEREST ISSUES. AUDITORS, DURING THE COURSE OF THE ANNUAL AUDIT, CONDUCT INQUIRIES OF STAFF AND ANY ISSUES ARE REVIEWED AND DISCUSSED WITH VARIOUS MEMBERS OF MANAGEMENT.

Name of the organization GOODWILL IND. OF THE SOUTHERN RIVERS, INC.

Employer identification number 58-6035822

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG

THE GWISR BOARD OF DIRECTORS HAS A SPECIFIC COMPENSATION PHILOSOPHY FOR THE ORGANIZATION. THE COMPENSATION COMMITTEE IS RESPONSIBLE FOR CARRYING OUT THE PHILOSOPHY WITH STAFF. THE COMMITTEE MEETS AT LEAST THREE TIMES PER YEAR, ONCE IN THE FALL TO REVIEW THE PROPOSED BUDGET FOR THE UPCOMING YEAR INCLUDING THE BUDGETARY PERCENTAGES FOR PAY INCREASES FOR ALL STAFF, INCENTIVE PLANS AND RETIREMENT CONTRIBUTION AMOUNTS AND OTHER COMPENSATION, WHICH MAY INCLUDE AUTOMOBILE ALLOWANCES AMONGST OTHER THINGS. PRIOR TO MAY 1ST OF EACH YEAR, THE COMMITTEE MEETS TO REVIEW THE OVERALL PAY INCREASE AVERAGES FOR NON-EXECUTIVE STAFF. A SPECIFIC REVIEW IS MADE OF ALL DISQUALIFIED EMPLOYEES WHICH INCLUDES PERFORMANCE MEASURES AND ACCOMPLISHMENTS. IN CONJUNCTION WITH THAT PROCESS, THE ORGANIZATION USES SEVERAL OUTSIDE RESOURCES AS A BASIS OF COMPENSATION COMPARISONS TO INCLUDE GOODWILL INDUSTRIES INTERNATIONAL WHICH IS CONDUCTED ANNUALLY FOR CEO'S AND SENIOR TEAM MEMBERS AND IS RANKED BY REVENUE SIZE. EVERY THIRD YEAR, THE ORGANIZATION ENGAGES AT LEAST ONE THIRD PARTY SALARY AND COMPENSATION SURVEY FOR USE AS WELL. IN MAY OF EACH YEAR, THE COMMITTEE REVIEWS THE PRESIDENT AND CEO PERFORMANCE WHICH ARE THE FINANCIAL AND MISSION OUTCOMES OF THE ORGANIZATION AS ALIGNED WITH THE BOARD DETERMINED STRATEGIC INITIATIVES, EFFECTIVENESS OF THEIR LEADERSHIP AND THE ANNUAL EXTERNAL AUDIT RESULTS.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

THE GWISR BOARD OF DIRECTORS HAS A SPECIFIC COMPENSATION PHILOSOPHY FOR THE ORGANIZATION. THE COMPENSATION COMMITTEE IS RESPONSIBLE FOR CARRYING OUT THE PHILOSOPHY WITH STAFF. THE COMMITTEE MEETS AT LEAST THREE TIMES PER YEAR, ONCE IN THE FALL TO REVIEW THE PROPOSED BUDGET FOR THE UPCOMING YEAR INCLUDING THE BUDGETARY PERCENTAGES FOR PAY INCREASES FOR ALL STAFF, INCENTIVE PLANS AND RETIREMENT CONTRIBUTION AMOUNTS AND OTHER COMPENSATION, WHICH MAY INCLUDE AUTOMOBILE ALLOWANCES AMONGST OTHER THINGS. PRIOR TO MAY 1ST OF EACH YEAR, THE COMMITTEE MEETS TO REVIEW

Name of the organization GOODWILL IND. OF THE SOUTHERN RIVERS, INC.

Employer identification number 58-6035822

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

THE OVERALL PAY INCREASE AVERAGES FOR NON-EXECUTIVE STAFF. A SPECIFIC REVIEW IS MADE OF ALL DISQUALIFIED EMPLOYEES WHICH INCLUDES PERFORMANCE MEASURES AND ACCOMPLISHMENTS. IN CONJUNCTION WITH THAT PROCESS, THE ORGANIZATION USES SEVERAL OUTSIDE RESOURCES AS A BASIS OF COMPENSATION COMPARISONS TO INCLUDE GOODWILL INDUSTRIES INTERNATIONAL WHICH IS CONDUCTED ANNUALLY FOR CEO'S AND SENIOR TEAM MEMBERS AND IS RANKED BY REVENUE SIZE. EVERY THIRD YEAR, THE ORGANIZATION ENGAGES AT LEAST ONE THIRD PARTY SALARY AND COMPENSATION SURVEY FOR USE AS WELL. IN MAY OF EACH YEAR, THE COMMITTEE REVIEWS THE PRESIDENT AND CEO PERFORMANCE WHICH ARE THE FINANCIAL AND MISSION OUTCOMES OF THE ORGANIZATION AS ALIGNED WITH THE BOARD DETERMINED STRATEGIC INITIATIVES, EFFECTIVENESS OF THEIR LEADERSHIP AND THE ANNUAL EXTERNAL AUDIT RESULTS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

THE ORGANIZATION MAKES AVAILABLE NON CONFIDENTIAL INFORMATION TO THE GENERAL PUBLIC VIA THE ORGANIZATION'S PHYSICAL LOCATION IN COLUMBUS, GEORGIA AND THEIR WEB SITE AT WWW.GWISR.ORG. THIS DOCUMENTATION CONSISTS OF AUDITED FINANCIAL STATEMENTS, ANNUAL 990'S AND OTHER OUTCOMES THAT WOULD ENABLE THE READER TO MAKE AN INFORMED DECISION ABOUT THE CHARITABLE CAUSES AND PERFORMANCE OF THE ORGANIZATION.