Form **990**

Return of Organization Exempt From Income Tax

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

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

2007
Open to Public Inspection

Department of the Treasury Internal Revenue Service

A F	or the	200 <u>7 c</u>	<u>alendar yea</u> l	<u>r, or tax year beginnin</u>	<u> </u>	<u>, 2007, a</u>	<u>ınd ending</u>				
B _C	eck if applic		C Name	of organization		_	<u> </u>	_	D Emp	loyer identification n	umber
ļ	Address change		GOODWI	LL INDUSTRIES (OF MIDDLE TEN	NESSEE,	INC		62-0	599413	
	Name ch	name .	ntor Numbe	er and street (or P.O. box	if mail is not delivered	to street addre	ess) Roc	om/suite	E Telej	phone number	
\vdash	Initial re	eturn S		HERMAN STREET					(615	5)742-4151	
\vdash	Terminat	ition Inst		town, state or country, an	d ZIP + 4				F Accou	nting d: Cash	X Accrual
	Amende- return	tio tio	MASHV	LLE. IN 37208						Other (specify)	
	Applicati pending	tion i	Section 501	(c)(3) organizations and	4947(a)(1) nonexemp	ot charitable	H and	lare not app	licable to	section 527 organiza	tions.
			trusts must	attach a completed Sch	edule A (Form 990 or	990-EZ).	H(a)	ls this a group	return fo	r affiliates? Yes	X No
G '	Vebsite	: ► H:	PTP://WW	. Goodwillmidter	N.ORG/		Н(ь)	If "Yes," enter	number	of affiliates	
J (Organiza	ation type	(check only one	e) X 501(c) (3)	(insert no.) 4947(a)(1) or	527 H(c)	Are all affiliate	s include	d? Yes	No
K (Check he	ere 🕨	if the c	organization is not a 509(a)	(3) supporting organiza	ition and its o	าเดรร เ			ee instructions.)	
	eceipts	are norm		han \$25,000. A return is no			H(a)	is this a separati organization cov			X No
			sure to file a cor					Group Exemp			
						 -		Check >		e organization is not	required
L (Gross re	eceipts: A	dd lines 6b, 8b,	9b, and 10b to line 12	38	,073,240	D.	ں۔ .to attach Sch	_	990, 990-EZ, or 990-F	•
Pa	tl I	Revenu	e, Expenses	, and Changes in Net							
	1			grants, and similar amoun							
	a		_	or advised funds		l _{1a} l					
				t (not included on line 1a)				77,257.	1		
	c			ort (not included on line 1a				53,854.	1 1		
	d			utions (grants) (not includ				40,567.	1		
	_			1d) (cash \$				40,367.	10	27	
	2			enue including governme			line 03)		1 e 2		<u>1,678</u> .
	3								3	37,50	3,/68.
	4	Membership dues and assessments Interest on savings and temporary cash investments									
	5								5		0,119.
	_	Gross			· · · · · · · · · · · · ·				-		<u>1,693</u> .
	1 -							<u>73,667.</u>			
		Less: rental expenses Net rental income or (loss). Subtract line 6b from line 6a						Ph.			
ę	7	Net rental income or (loss). Subtract line 6b from line 6a					6c		<u>3,667.</u>		
Revenue				,	(A) Convetion		(B) O11).	7		
ě	" "			ales of assets other	(A) Securities		(B) Other				
_	.					8a		1,700.	1 1		
				asis and sales expenses	<u> </u>	8 b		1,916.			
				schedule)		8c		-216 .			
				ombine line 8c, columns (A				·	8d	<u> </u>	<u>-216.</u>
	9			ctivities (attach schedule)		gaming, che	ck here 🕨				
	a		revenue (not i	· -	of	1- 1					
	١.			d on line 1b)							
				s other than fundraising ex			·				
	100			from special events. Subt					9c		
	IVa			tory, less returns and allow							
				old							
				from sales of inventory (10c		
	11	Other	evenue (from	Part VII, line 103)			<i></i> .		11	<u> </u>	<u>615</u> .
	12			l lines 1e, 2, 3, 4, 5, 6c, 7					12	38,071	
60	13	Progra	m services (fro	om line 44, column (B))			. <i></i>		13	31,998	3,576.
Expenses	14	Manag	ement and ge	neral (from line 44, columi	n (C))	<i></i>			14	4,254	<u>4,933.</u>
ē	15	Fundraising (from line 44, column (D))							15		
Ж	16			s (attach schedule)					16		
	17			dd lines 16 and 44, colum					17	36,253	3,509.
ets	18	Excess	or (deficit) fo	r the year. Subtract line 17	from line 12				18	1,817	7,815.
88	19			alances at beginning of ye					19	13,313	3,243.
Net Assets	20			t assets or fund balances					20	89	9,572.
	21_	Net as:	ets or fund b	alances at end of year. Co	mbine lines 18, 19, an	<u>d 20</u>		<u> </u>	21	15,220),630.
10	rivacy	Act and	i Paperwork F	Reduction Act Notice, see	the separate instruct	ions.				Form 99	0 (2007)

Part II Statement of

Pa	Statement of All or Functional Expenses organ	ganiza	itions must complete column	nn (A). Columns (B), (C),	and (D) are required for	section 501(c)(3) and (4)
	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	Zadon	(A) Total	(B) Program	(C) Management	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule)	2.02.000		services	and general	, i
		,				
	(cash \$noncash \$ lf this amount includes foreign grants, check here	22a				
22E	Other grants and allocations (attach schedule)					
	(cash \$ noncash \$ If this amount includes foreign grants,	,				
	If this amount includes foreign grants, check here	22b				
23	Specific assistance to individuals					
	(attach schedule)	23				
24	Benefits paid to or for members			***		
	(attach schedule)	24				
25a	Compensation of current officers,					
	directors, key employees, etc. listed in					
	Part V-A	25a	423,001.	64,973.	358,028.	
•	Compensation of former officers,					
	directors, key employees, etc. listed in					
	Part V-B	25b				
¢	Compensation and other distributions, not included above, to disqualified persons (as defined	Ì				
	under section 4958(f)(1)) and persons described	l _				
26	in section 4958(c)(3)(B)	25c				
20	Salaries and wages of employees not	١.,				
27	included on lines 25a, b, and c Pension plan contributions not	26	19,902,766.	17,879,864.	2,022,902.	
21	included on lines 25a, b, and c					
28	Employee benefits not included on	27			<u> </u>	
	lines 25a - 27	28	1 400 000	1 004 000		
29	Payroll taxes	29	1,402,832.			
30	Professional fundraising fees	30	2,120,559.	1,887,160.	233,399.	<u> </u>
	Accounting fees	31				
	Legal fees	32		· · <u></u>		
	Supplies	33	1,335,305.	1,257,996.	77,309.	
	Telephone	34	230,757.	184,166.	46,591.	
	Postage and shipping	35	88,786.	78,223.	10,563.	
	Occupancy	36	5,935,016.	5,787,090.	147,926.	
	Equipment rental and maintenance	37	144,464.	134,768.	9,696.	
38	Printing and publications	38	962,242.	833,068.	129,174.	
39	Travel	39	710,525.	653,923.	56,602.	
40	Conferences, conventions, and meetings	40	19,767.	12,453.	7,314.	
41	Interest	41	297,478.	162,173.	135,305.	
42	Depreciation, depletion, etc. (attach schedule)	42	1,504,625.	1,228,873.	275,752.	
	Other expenses not covered above (itemize):	Ì				
	STMT 5	43a	1,175,386.	599,509.	575,877.	
Ь		43b				
C		43c				
a		43d				
e		43e				
1		431				<u> </u>
44	Total functional avanuage Add lines 00	43g				
	Total functional expenses. Add lines 22a through 43g. (Organizations completing					
	columns (B)-(D), carry these totals to lines	$ _{AA} $	20 052 502			
	13-15)	ding S	36,253,509.	31,998,576.	4,254,933.	<u> </u>
	any joint costs from a combined educational	rniy i	oor 30-2.	oitation remoted in 1800 D		<u></u>
	es," enter (i) the aggregate amount of these jo				gram services? ited to Program services	
	he amount allocated to Management and gen			_	llocated to Fundraising \$	
				, -ne pry me amount a		Form 990 (2007)
7E102	0 1.000					rom əəv (2007)

Form 990 (2007)

E	Part III Statement of Program Service Accomplishments (See the	instructions.)	
pa or	Form 990 is available for public inspection and, for some people particular organization. How the public perceives an organization in its return. Therefore, please make sure the return is complete programs and accomplishments.	, serves as the primary or sole source	information precented
W	What is the organization's primary exempt purpose? ▶SEE STATEMP	ENT 6	Program Service
	All organizations must describe their exempt purpose achievements in a c		Expenses (Required for 501(c)(3) and
of	of clients served, publications issued, etc. Discuss achievements that are	not measurable. (Section 501(c)(3) and (4)	(4) orgs., and 4947(a)(1)
or	organizations and 4947(a)(1) nonexempt charitable trusts must also enter the	amount of grants and allocations to others.)	trusts; but optional for others.)
а	TO PROVIDE REHABILITATION SERVICES, TRAINING OPPORTUNITIES FOR HANDICAPPED, DISABLED AND INDIVIDUALS AS AN INTEGRAL STEP TO EMPLOYMEN EXISTING LABOR MARKET	DISADVANTAGED T IN THE	
b		ount includes foreign grants, check here	31,998,576.
c		ount includes foreign grants, check here	
d		ount includes foreign grants, check here ▶	
	(Grants and allocations \$) If this amo	ount includes foreign grants check here	

) If this amount includes foreign grants, check here

31,998,576. Form 990 (2007)

e Other program services (attach schedule)

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

(Grants and allocations \$

Pa	irt IV	Balance Sheets (See the instructions.)		·	
		Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing	477,355	45	616,513
- 1	46	Savings and temporary cash investments	2,592,044	46	1,687,787
		Accounts receivable 47a 485,443			
	D	Less: allowance for doubtful accounts	514,502	47c	481,673
	180	Pladass receivable			
		Pledges receivable 48a Less: allowance for doubtful accounts 48b			
		Grants receivable		48c	
	50a	Receivables from current and former officers, directors, trustees, and		48	
		key employees (attach schedule)		50a	
	ь	Receivables from other disqualified persons (as defined under section		304	·-·
		4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a	Other notes and loans receivable (attach			
<u> </u>		schedule)			
Assets	Ь	Less: allowance for doubtful accounts		51c	
`	52	Inventories for sale or use	912,549	52	1,011,936.
		Prepaid expenses and deferred charges	288,797	53	288,558
		Investments - publicly-traded securities SIMT . 7 ▶ Cost X FMV	1,936,778	54a	2,526,687.
		Investments - other securities (attach schedule) ▶ _ Cost FMV		54b	
- 1	55a	Investments - land, buildings, and			
-	_	equipment: basis			
i	D	Less: accumulated depreciation (attach			
- 1	E C	schedule)		55c	· · · · · · · · · · · · · · · · · · ·
				56	
- 1		Land, buildings, and equipment: basis			
- 1	-	schedule)	14,633,232	57c	18,681,520.
- 1	58		10,000,101	1 1	20,002,020
- 1		(describe ▶)	64,345	58	65,745
\perp	59	Total assets (must equal line 74). Add lines 45 through 58	21,419,602		25,360,419.
- 1	60	Accounts payable and accrued expenses	2,465,904	60	2,801,088.
- 1	61	Grants payable	<u> </u>	61	
- 1		Deferred revenue	5,244	62	NONI
8	63	Loans from officers, directors, trustees, and key employees (attach			
副		schedule)		63	
Labilities		Tax-exempt bond liabilities (attach schedule)		64a	
		Mortgages and other notes payable (attach schedule)	5,349,296		6,956,309.
	65	Other liabilities (describe ▶)	285,915	65	382,392.
	66	Total liabilities. Add lines 60 through 65	0 106 250	66	10 120 700
\rightarrow		mizations that follow SFAS 117, check here ▶ 🕱 and complete lines	8,106,359	00	10,139,789
		67 through 69 and lines 73 and 74.			
8	67	Unrestricted	13,313,243	67	15,220,630.
Balances	68	Temporarily restricted		68	
8	69	Permanently restricted		69	
	Orga	inizations that do not follow SFAS 117, check here ▶ and complete lines 70 through 74.			
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Assets	72	Retained earnings, endowment, accumulated income, or other funds	<u> </u>	72	
<u>ا</u> ید	73	Total net assets or fund balances. Add lines 67 through 69 or lines			
Net		70 through 72. (Column (A) must equal line 19 and column (B) must		P5 1, 5, 11 H	
		equal line 21)	13,313,243		15,220,630
- 1	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	21.419.602.	174 I	25.360.419.

Ľ	art IV-A	instructions.)	nancial Statemen	its Wi	th Reveni	ue per Retur	m (Se	ee the
a	Total rev	renue, gains, and other support per audited financi	ial statements				a	38,160,896.
b	Amount	s included on line a but not on Part I, line 12:						
1	Net unre	alized gains on investments			ь1	89,572.]	
2		services and use of facilities			b2]	
3		ies of prior year grants ,]. [
4		pecify):						
					b4		10.00	
	Add line	s b1 through b4					7 b	89,572.
С		line b from line a						38,071,324.
d		included on Part I, line 12, but not on line a:						
1		ent expenses not included on Part I, line 6b			ادما			
2		pecify):					1	
•	Other (S							
	Add line	s d1 and d2						
e	Total re	venue (Part I, line 12). Add lines c and d	• • • • • • • • • •					30 071 304
_	art IV-B	Reconciliation of Expenses per Audited Fi	inancial Stateme	nts W	ith Exnen	ses ner Ret	ilm Ilm	38,071,324.
							т т	26 052 500
а		penses and losses per audited financial statements					 a 	36,253,509.
Ь		s included on line a but not on Part I, line 17:			11			
1	Donated	services and use of facilities			b1		- :	
2	Prior yea	ar adjustments reported on Part I, line 20			b2		45	
3	Losses	eported on Part I, line 20			b3		-	
4	Other (s	oecify):						
			 -		b4		- 1	
	Add line	s b1 through b4					b	
C	Subtract	line \mathbf{b} from line \mathbf{a}					C	36,253,509.
d	Amounts	included on Part I, line 17, but not on line a:			1 1		1 1	
1	Investme	ent expenses not included on Part I, line 6b			d1		1	
2		pecify):						
					d 2		↓	
	Add line	s d1 and d2					d	
<u>e</u>		s d1 and d2. penses (Part I, line 17). Add lines c and d						36,253,509.
2	art V-A	Current Officers, Directors, Trustees, and			•			er, director, trustee,
		or key employee at any time during the year even	if they were not co	mpen	sated.) (Sec			
		(A) Name and address	(B) Fitte and average hours per		ompensation	(D) Contributions to benefit plans &		 (E) Expense account and other allowances
			week devoted to position	in iii	-0-\)	compensation		and other allowances
SE	E STAT	ment 8			474,367	<u>.</u> 8,	, 151	-0-
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								Earn 990 (2007)

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Part VI Other Information (continued)			Yes	
82 a Did the organization receive donated services or the use of materials, equipment, or	facilities at no charge			
or at substantially less than fair rental value?		82a		X
b If "Yes," you may indicate the value of these items here. Do not include this amount		197		
as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	2b N/A		İ	l
83a Did the organization comply with the public inspection requirements for returns and exemption application	s?	83a	X	l
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b If "Yes," did the organization include with every solicitation an express statement that				
gifts were not tax deductible?	. <i>.</i>	84b	N/	A
85 a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		85a	N/	A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		85b	N/	A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below				
received a waiver for proxy tax owed for the prior year.				l
c Dues, assessments, and similar amounts from members	5c N/A	.		l
d Section 162(e) lobbying and political expenditures	5d N/A			l
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	Se N/A	.		l
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	· I · · · ·		l	ĺ
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g	N/	A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add t				
to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the fo		85h	N/	A
	6a N/A			İ
	66 N/A	.		<u> </u>
	7a N/A			
b Gross income from other sources. (Do not net amounts due or paid to other				1
sources against amounts due or received from them.)	7b N/A			
88a At any time during the year, did the organization own a 50% or greater interest in			ļ	ł
partnership, or an entity disregarded as separate from the organization under Regulations sections				ł
301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		x
b At any time during the year, did the organization, directly or indirectly, own a con				
meaning of section 512(b)(13)? If "Yes," complete Part XI		88Ь	i	x
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:				
section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶	n/a	1.		 .
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 ex			1	
during the year or did it become aware of an excess benefit transaction from a pric		·		ŀ
a statement explaining each transaction		89Ь		x
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under				
sections 4912, 4955, and 4958	► N/A	[
d Enter: Amount of tax on line 89c, above, reimbursed by the organization	► N/A			
e All organizations. At any time during the tax year, was the organization a party to		831		
transaction?		89e		x
f All organizations. Did the organization acquire a direct or indirect interest in any appli		89f		x
g For supporting organizations and sponsoring organizations maintaining donor adv	rised funds. Did the			1 + 34
supporting organization, or a fund maintained by a sponsoring organization, have e	excess business holdings	1.3		·
at any time during the year?	<i></i>	89g		x
90 a List the states with which a copy of this return is filed >				
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		90b	141	9
91 a The books are in care of TAMMY GLASS				
Located at ▶ 1015 HERMAN STREET NASHVILLE, TN				
b At any time during the calendar year, did the organization have an interest in or a signature or other autho	rity over		Yes	No
a financial account in a foreign country (such as a bank account, securities account, or other financial account	•	91b		x
if "Yes," enter the name of the foreign country ▶			, ć	7 (1)
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank				
and Financial Accounts.		r Mi		

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Part VI Other Information (co.					Yes No
c At any time during the calendar		ization mainta	in an office outside	of the United States?	91c X
If "Yes," enter the name of the f				·	
92 Section 4947(a)(1) nonexempt (▶└┤
and enter the amount of tax-exe				▶ 92	N/A
Part VII Analysis of Income-Pr	oducing Activitie	s (See the in	structions.)		
Note: Enter gross amounts unless otherwise	e Unrelat	ed business inc	ome Excluded b	y section 512, 513, or 514	(E)
indicated.	(A)	(B)	(C)	(D)	Related or exempt function
93 Program service revenue:	Business code	Amount	Exclusion code	Amount	income
a CONTRACT PROGRAM					343,572
b GOODWILL GOVNT SER					65,497
c RETAIL PROGRAM					37,090,626
d MISCELLANEOUS RETAIL					4,073
e					
f Medicare/Medicaid payments ,		•			
g Fees and contracts from government agen	cies .				
94 Membership dues and assessments					
95 Interest on savings and temporary cash investme	nts		14	60,119.	
96 Dividends and interest from securities	s		14	61,693.	
97 Net rental income or (loss) from real	estate:		\$ 1,5 1,5 1,5 1		
a debt-financed property					
b not debt-financed property			16	73,667.	
98 Net rental income or (loss) from personal propert	N				
99 Other investment income				-	
00 Gain or (loss) from sales of assets other than inve			18	-216.	
101 Net income or (loss) from special eve					
102 Gross profit or (loss) from sales of inventor					
03 Other revenue: a	'''			·-·	
b MISC INCOME			01	615.	
С					
d					
•	_				· -
04 Subtotal (add columns (B), (D), and (E	<u>)) </u>	-	: .	195,878.	37,503,768
05 Total (add line 104, columns (B), (D),					37,699,646
Note: Line 105 plus line 1e, Part I, should e	qual the amount on li	ne 12, Part I.			0.,000,010
Part VIII Relationship of Activi			of Exempt Purpos	ses (See the instruction	ns.)
Line No. Explain how each activity f	•				
organization's exempt purpor	ses (other than by pro	viding funds for	such purposes).	on inportantly to	the docomphonical of the
					
				- · · · · · · · · · · · · · · · · · · ·	
-					· · · · · · · · · · · · · · · · · · ·
Part IX Information Regarding	Taxable Subsid	iaries and Di	sregarded Entitie	s (See the instruction	15.)
(A)		(B)	(C)	(D)	7′
Name, address, and EIN of corporati		Percentage of wnership interest	Nature of activities	Total income	(E) End-of-year assets
		%			
 -		%			
					+
					
Part X Information Regarding	Transfers Asso		ersonal Benefit 6	Contracts (See the ins	structions)
(a) Did the organization, during the year,				· · · · · · · · · · · · · · · · · · ·	
(b) Did the organization, during the					
Note: If "Yes" to (b), file Form 8870 a				porsoniai ponent contra	<u>م</u> الم
1 2 -	1				

ı arı	Information Regarding	Transfers To and F	rom Controlled Entities. Comp 512(b)(13)	olete only if the organ	nizatio	Page
06			072(0)(10).		Yes	
	the Code? If "Yes," complete th	e schedule below for ea	a controlled entity as defined in se	ection 512(b)(13) of		
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of tra	nsfer	X
a						
ь						
c						
	Totals					
07	Did the reporting organization in 512(b)(13) of the Code? If "Yes	eceive any transfers from	m a controlled entity as defined in a e below for each controlled entity.	section	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of tran	sfer	X
a						
ь						
c						
	Totals					
8	and annulues de	scribed in question 107:	ffect on August 17, 2006, covering above?			No
lease ign ere	Under penalties of perjury, I declare	e that I have examined this retromplete. Declaration of prepa	turn, including accompanying schedules and trer (other than officer) is based on all information.	mation of which preparer has a sulface of which preparer has a sulface of the sul	ny knawle	edge.
	Type or print name and title	y, President	, Goodwill Industr	ies of Middle	Ten	ne
aid epare	Firm's name (or yours .	m Winstead	Date 4-15-08 Check if self-employed ▶	Preparer's SSN or PTIN (See P0023186		L X)
e Onl	if self-employed) CROS	SSLIN & ASSOCTAT	RC DC			
e Onl	if self-employed), address, and ZIP + 4	- III DOULLE		b 62-133673 one no. ► 615-320-5	37	

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information - (See separate instructions.)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer Identification number

OODWILL INDUSTRIES OF MIDDLE TE						62-0 <u>5</u>	99413
Compensation of the Five Hig (See page 1 of the instructions.	hest Pai ist each o	d Employee ne. If there ar	es O	ther Than Off ne, enter "Non-	icers, Direc e.")	tors, an	d Trustees
(a) Name and address of each employee paid more than \$50,000		itle and average ho eek devoted to pos		(c) Compensation	(d) Contributi employee benef deferred comp	it plans &	(e) Expense account and other allowances
E STATEMENT 13							
				-			
							<u> </u>
al number of other employees paid over \$50,000.				·			
Art II-A Compensation of the Five Hig (See page 2 of the instructions. L	j hest Pai ist each o	d Independ	ent (Contractors f	or Professi	onal Se	rvices
(a) Name and address of each independent contractor			HUIVI	(b) Type of ser			Compensation
		31. 600,500		(b) 1) pe 01 301		(6)	Compensation
NE							
		-				<u> </u>	
						ļ	
				· · · · · · · · · · · · · · · · · · ·		-	
	 -						
				 -			
	<u> </u>					_	
tal number of others receiving over \$50,000 fo				٠			
fessional services		ONE _		0 4 4 1	0.11 0	•	·
(List each contractor who perform firms. If there are none, enter "No	ned servic	ces other than	n pro	fessional servic	ces, whether	ervices individua	ls or
(a) Name and address of each independent contractor	paid more thar	n \$50,000		(b) Type of ser	vice	(c)	Compensation
NE							
					_ .		
					<u> </u>		
tal number of other contractors receiving over			4.	14.4.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		· . · · · · · · · · · · · · · · · · · ·
0,000 for other services	► NO	ONE					
r Paperwork Reduction Act Notice, see the instructions fo	r Form 990 a	nd Form 990-EZ.			Sched	ule A (Form	990 or 990-EZ) 20

Pa	Statements About Activities (See page 2 of the instructions.)	Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities [Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.]		<u>x</u>
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
ь	Lending of money or other extension of credit?		x
c	Furnishing of goods, services, or facilities?		<u> </u>
ď	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	x	
e	Transfer of any part of its income or assets?		x
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?	x	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		x
4a b	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		x
c	Did the organization make a distribution to a donor, donor advisor, or related person?		×
d	Enter the total number or donor advised funds owned at the end of the tax year		
ė	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts		NONE
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		<u>none</u>

Part IV	Reason for Non-Private Fo	oundation State	us (See pages 4 thi	rough 8 of th	e instructions.)		
I certify th	at the organization is not a private founda	ition because it is: (Ple	ease check only ONE app	olicable box.)	 -			
5	A church, convention of churches, or as	sociation of churches.	. Section 170(b)(1)(A)(i).					
6	A school. Section 170(b)(1)(A)(ii). (Also	complete Part V.)						
7	A hospital or a cooperative hospital serv	ice organization. Sect	tion 170(b)(1)(A)(iii).					
8 🗌	A federal, state, or local government or	governmental unit. Se	ection 170(b)(1)(A)(v).					
9 🗌	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state							
10	An organization operated for the bene (Also complete the Support Schedule in		iniversity owned or ope	rated by a gov	vernmental unit.	Section 170(b)(1)(A)(iv)		
11a 🗶	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)							
11b	A community trust. Section 170(b)(1)(A)	(vi). (Also complete th	e Support Schedule in F	Part IV-A.)				
12	An organization that normally receives: (activities related to its charitable, etc., finvestment income and unrelated busine 1975. See section 509(a)(2). (Also complete	unctions - subject to ss taxable income (le	certain exceptions, and ess section 511 tax) from	(2) no more t	han 33 1/3% of	f its support from gross		
13	An organization that is not controlle requirements of section 509(a)(3). Check				managers) and	otherwise meets the		
	Type II	Type III - Fu	nctionally Integrated	Type III	Other			
	Provide the following information	about the supported	d organizations. (See pag	e 8 of the instr	uctions.)			
(a) Name(s) of supported organization(s)		(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the s organizat the su organ	(d) upported ion listed in pporting ization's documents?	(e) Amount of support		
				Yes	No			
					 			
	·		-					
Total · ·		· · · · · · · · · · · · · · · · · · ·						
14 /	An organization organized and operated to	o test for public safe	ty. Section 509(a)(4). (Sec	e page 8 of the i	nstructions.)			

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting. Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting. Calendar year (or fiscal year beginning in) \blacktriangleright (c) 2004 (a) 2006 (b) 2005 (d) 2003 (e) Total 15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) 568,053. 245,878 327,005 828,312 1,969,248. Membership fees received 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose 31,115,400. 27,124,843. 23,762,564. 19,301,929 101304736. 18 Gross income from interest, dividends. amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after 157,041. 71,035. 41,724. 25,934 295,734. Net income from unrelated business activities 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its 21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets 2,977 263. 427 35 3,702. <u>| 27,442,019.| 24,131,328.</u> 103573420. 20,156,602 728,071. 317,176. 368,764. 854,673 2,268,684. 318,435. 274,420. 241,313. 201,566 Organizations described on lines 10 or 11: 45,374. b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶ 26b c Total support for section 509(a)(1) test: Enter line 24, column (e) <u>2,268,</u>684. d Add: Amounts from column (e) for lines: 18 ______ 19 22 _ 299,436. 1,969,248. f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) <u>. ▶</u> 261 86.8013 % 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) ____ (2004) ____ (2003) ____ b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) ____ (2004) ____ (2003) ____ c Add: Amounts from column (e) for lines: 15 ______ 16 _____ ___ and line 27b total . . ____ ▶ 27d d Add: Line 27a total Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Pa	Private School Questionnaire (See page 9 of the instructions.) NOT APPLIC (To be completed ONLY by schools that checked the box on line 6 in Part IV)	ABLI	<u>.</u>	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29	1.00	
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			\top
	brochures, catalogues, and other written communications with the public dealing with student admissions,		ļ	
	programs, and scholarships?	30	<u> </u>	
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	ŀ	l	
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			
	that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	 	₩.
	•			
32	Does the organization maintain the following:			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		1
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
_	with student admissions, programs, and scholarships?	32c	 _	<u> </u>
•	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	— —	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
	•			
			, 	
33	Does the organization discriminate by race in any way with respect to:		ľ	
				-
а	Students' rights or privileges?	33a		
_	Admits the small to g			
D	Admissions policies?	33b	<u> </u>	├─
c	Employment of faculty or administrative staff?		ĺ	i
Ū	Employment of faculty or administrative staff?	33c		 -
d	Scholarships or other financial assistance?	33d		
		334		
e	Educational policies?	33e		
f	Use of facilities?	331		
_	ALL Later and the Control of the Con			}
g	Athletic programs?	33g		<u> </u>
h	Other extracurricular activities?			
	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
		1	v ii stid	201
			61	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		<u> </u>
	Has the organization's right to such aid even have a such as a suc			1
D	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	(3198) 144	77227
	in you allowered it is no entire of a or b, prease explain using an attached statement.	1		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No " attach an explanation	25	1.77.27	1

Pa	art VI-A	Lobbying E (To be com	x penditures by Ele pleted ONLY by an	cting Public Charit eligible organizati	i es (See page 1 on that filed Forn	1 of th	e instruc	tions	.)	7.19	
Che	eck ▶a	if the organi	zation belongs to an aff							trol" provisions ap	v
		L	imits on Lobbyin	g Expenditures			Affiliate	(a)		(b) To be completed for all electing	
_				ns amounts paid or inc	,		· · · · · · · · · · · · · · · · · · ·			organizations	
	Total lobb	oying expendi	tures to influence pul	olic opinion (grassroo	its lobbying)	36					
37	otal lobi	oying expendi	tures to influence a le	egislative body (direc	t lobbying)	37					
38	Total lobb	oying expendi	tures (add lines 36 a	nd 37)		38					
39	Other exe	empt purpose	expenditures	* * * * * * * * * * * * * * * * * * * *		39					
40	lotal exe	mpt purpose	expenditures (add lin	es 38 and 39)		40					
41				ount from the following	_						
		ount on line		obbying nontaxable					:		
				f the amount on line 40							
				100 plus 15% of the excess							
				000 plus 10% of the excess		41				 :	
				000 plus 5% of the excess						:	
40	Over \$17,0	00,000	\$1,000	0,000							
42	Grassroo	ts nontaxable	amount (enter 25%	of line 41)		42					
43	Subtract	line 42 from li	ne 36. Enter -0- if lin	e 42 is more than line	e 36	43	· · · · ·	,			
44	Subtract	line 41 from li	ne 38. Enter -U- if lin	e 41 is more than line	^{∋ 38} ∣	44					
	Cautlan	le dhana ia am		40 " 44							
	Caution;	ir inere is an		43 or line 44, you mu		204/				· · · · · · · · · · · · · · · · · · ·	
	100	ma armanimati		r Averaging Perio							
	(30)	ne organizati		tion 501(h) election d					umns t	pelow.	
			See the instructi	ons for lines 45 throu	-						
		-	 -	Lobbying Expend	т	Year /	Averagin	ig Pei	riod		
	_	ear (or fiscal	(a)	(b)	(c)			(d)		(e)	
		ning in) 🕨	2007	2006	2005		20	004		Total	
	Lobbying r										
45				<u> </u>							
		eiling amount					:				
46	(150% of I	ne 45(e))									
47	Total tobbyir	ng expenditures									
••		nontaxable			<u> </u>	-		-			
A 2											
70		eiling amount		7	TOTAL TO AT		E			 -	
49		e 48(e))									
	Grassroots				1 11111 1111 1111 1111 1111			:			
50		es							ŀ		
			ctivity by Nonelect	ing Public Charitie	s		NOT	à DDT.	TCAR	T.P.	
				ations that did not c		A) (Se	e page 1	3 of t	he ins	tructions.)	
Duri	ing the year			nce national, state or lo							_
				tter or referendum, throu				Yes	No	Amount	
	Volunteer									·· <u> </u>	
			ent (Include compen	sation in expenses re	ported on lines c th	rough	h.)			i Note to	
		vertisements									
			egislators, or the pub								_
				ements							_
f,	Grants to	other organiz	ations for lobbying pu	urposes						···	
g	Direct cor	ntact with legi	slators, their staffs. o	overnment officials,	or a legislative body	,					
h	Rallies, de	emonstration:	s, seminars, conventi	ons, speeches, lecture	es, or any other me	ans					_
			ures (Add lines c thro					8			
				tatement giving a det	ailed description of	f the lo	 bbvina act	tivities	. :I		_
							,	_		orm 990 or 990-EZ) 2	307

		Exempt Organizations (See page 14 of the instructions.)				
51				owing with any other organization descr		secti	on
				n 527, relating to political organizations?			
а			ation to a noncharitable exempt organiz			Yes	No
	(I) Casi	1	• • • • • • • • • • • • • • • • • • • •	<i>.</i>	51a(i)	.	X
L	Other tran	er assets	• • • • • • • • • • • • • • • • • • • •		a(II)		<u> </u>
U			side a manufaction to account a second				
	(i) Sale	s or exchanges of assets w	vith a noncharitable exempt organization	`·····	b(l)		X
	(III) Pari	nases of assets from a nor	ncharitable exempt organization	· <i>· ·</i> · · · · · · · · · · · · · · · ·	b(II)		<u> </u>
	(M) Ren	tai oi tacilities, equipment, c	or other assets	· · · · · · · · · · · · · · · · · · ·	p(iii)		<u> </u>
	(IV) Kein	noursement arrangements		· · · · · · · · · · · · · · · · · · ·	b(iv)		<u> </u>
	(vi) Loar	ormana of services or ma	mbarahin ar fundraisina adiaitatina	· · · · · <i>· · · · · · · · · · · · · · </i>	b(v)	\dashv	<u> </u>
c	Sharing of	f facilities equipment maili	mbership or fundraising solicitations ng lists, other assets, or paid employee	· · · · · · · · · · · · · · · · · · ·	b(vi)		<u> </u>
4	If the anci	wer to any of the above is "	Yes " complete the following schedule C	Solumn (b) should always show the fair m	<u>C</u>		X
_	goods, oth	wer to any or the above is her assets, or services given	tes, complete the following schedule. C	olumn (b) snould always snow the fair ma organization received less than fair ma	iarket v	alue o	of the
			in column (d) the value of the goods, other		INGL VE	iide ii	ally
-	(a)	(b)	(c)	· · · · · · · · · · · · · · · · · · ·			
	Line no.	Amount involved	Name of noncharitable exempt organization	(d) Description of transfers, transactions, and share	ring arra	ngemen	its
			· · · · · · · · · · · · · · · · · · ·				
	N/A						
	.,,		· · · · · · · · · · · · · · · · · · ·				
-							
•							
	•						
				<u>-</u>			
	describe	•		n section 527?	Yes	X	No
	Nar	me of organization	(b) Type of organization	(c) Description of relationship	•		
	N/A						
			<u></u>				
		· · · · · ·					
		_					
			<u>.</u>				
							_

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К	CN	1 /	/M	U I	てし) T /	AL	ΙT	IN	U	м	

Taxpayer's Name									ing Number
GOODWILL INDUSTR DESCRIPTION OF PROPERTY	RIES OF MID	DLE TE	<u>NNES</u>	SEE	, INC		6	<u>2-05</u>	99413
100 HERMAN									
	ctively participate in	the operation	n of the	activit	y during the tay year?		-		
RENTAL INCOME	the state of the s		_					_	
OTHER INCOME			<u> </u>		• • • • • • • • • • •	• • •			
RENTAL INCOME						73	,667		
					· ·		,	†	
TOTAL GROSS INCOME	<i></i>		<u></u>					_	73,667.
OTHER EXPENSES:									
							. <u> </u>		
	 								
		_						4	
					· · · ·				
								_	
	 				···	- -		_	
-								-	
					_	- 			
DEPRECIATION (SHOWN BELOW	V)	-					-	-	
LESS: Beneficiary's Portion	······				•			7	
AMORTIZATION								1	
LESS: Beneficiary's Portion									
DEPLETION									
LESS: Beneficiary's Portion									
TOTAL EXPENSES									
TOTAL RENT OR ROYALTY INCO	OME (LOSS) · · · ·	· · · · · ·				 		•	<u>73,667.</u>
Less Amount to									
Rent or Royalty	• • • • • • • • • • • • • • • • • • • •					· · · <u> </u>		_	
Depreciation	• • • • • • • • • • •	• • • • •		· · ·				_	
Depletion	• • • • • • • • • • • • • • • • • • • •			• • •	• • • • • • • • • •	• • •		_	
Investment Interest Expense Other Expenses	• • • • • • • • • •								
Net income (Loss) to Others						• • •		_	
Net Rent or Royalty Income (Los:	s)			• • •				• ——	73,667.
Deductible Rental Loss (if Applic								: 	,,,,,,,,,
SCHEDULE FOR DEPRECL	ATION CLAIMED								
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
									
<u></u>									
									
					···				
· · · · · · · · · · · · · · · · · · ·									
			·-						
ISA Totals									

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENTAL INCOME

73,667.

73,667. _____

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
100 HERMAN	73,667.			73,667.
TOTALS	73,667.			73,667.

FORM	990,	PART	Ι	-	OTHER	INCREASES	IN	FUND	BALANCES

DESCRIPTION AMOUNT

UNREALIZED GAIN/LOSS 89,572.

TOTAL 89,572.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
INSURANCE - GENERAL	ή,	ຕັ	228,448.
CREDIT CARD FEES	331,690.	331,450.	75 007
PROFESSIONAL FEES	40,	ຸ ທ	3,78
NONCAPITALIZED PURCHASES	ı,		2
EMPLOYEE RELATIONS		4,730.	94,159.
MISCELLANEOUS	26,795.	22,671.	4,124.
BANK SERVICE CHARGE	26,971.	0	6,270.
AWARDS	2,920.	1,820.	1,100.
TOTALS	1,175,386.	599,509.	575,877.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE ______

REHABILITATION SERVICES FOR DISABLED AND DISADVANTAGED PEOPLE

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

ENDING DESCRIPTION BOOK VALUE -----------

T. ROWE PRICE FUNDS 382,392. EQUITABLE SECURITIES 2,144,295.

> TOTALS 2,526,687. ______

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DAVID LIFSEY 1015 HERMAN STREET NASHVILLE, TN 37208	President 40.00	210,363.		
TAMMY GLASS 1015 HERMAN STREET NASHVILLE, TN 37208	VICE PRESIDENT 40.00	135,158.	4,200.	
BETTY JOHNSON 1015 HERMAN STREET NASHVILLE, TN 37208	VICE PRESIDENT 40.00	128,846.	3,951.	
R CRAIG LAINE 3322 WEST END AVENUE, SUITE 600 NASHVILLE, TN 37203	CHAIRMAN 1.00			
JOHN W STONE III 3102 WEST END AVENUE SUITE 1150 NASHVILLE, TN 37203	VICE CHAIRMAN 1.00			
ROBERT MCNEILLY III P O BOX 305110 NASHVILLE, TN 37230-5110	VICE CHAIRMAN 1.00			
ROBERT B KENNEDY 3401 WEST END AVENUE SUITE 600 NASHVILLE, TN 37203	SECRETARY 1.00			
KEVIN MCDERMOTT 1900 NASHVILLE CITY CENTER NASHVILLE, TN 37219	Treasurer 1.00			

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FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND WEEK DEVO	TITLE AND AVERAGE HOURS PER Week devoted to position	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CHRISTOPHEN S. DUNN 511 UNION STREET, SUITE 2700 NASHVILLE, TN 37219	LEGAL COUNSEL 1.00	NNSEL 00			
WILLIAM H CAMMACK 4400 HARDING ROAD NASHVILLE, TN 37205	TRUSTEE 1.00	0			
DECOSTA E JENKINS 1214 CHURCH STREET NASHVILLE, TN 37246	TRUSTEE 1.00	ō			
FRED I MCLAUGHLIN 2525 WEST END AVENUE SUITE 1000 NASHVILLE, IN 37203	TRUSTEE 1.00	Q			
J B BAKER P O BOX 100886 NASHVILLE, TN 37224-0886	BOD 1.00	o			
CATO BASS 877 VAN LEER DRIVE NASHVILLE, TN 37220	вор 1.00	o			
EARL BEASLEY 427 CHESTNUT SUITE 1 NASHVILLE, TN 37203	BOD 1.00	0			
RITA BENNETT 4157 BRANDYWINE POINTE BOULEVARD OLD HICKORY, IN 37138	вор 1.00	0			

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITL	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCI AND OTHER ALLOWANCES
	1			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1) ! ! ! !
J MIKE BISHOP 155 FRANKLIN ROAD SUITE 400 BRENTWOOD, TN 37027	ВОД	1.00			
STERLE CLAYTON 315 DEADERICK STREET SUITE 2700 NASHVILLE, TN 37238	ВОД	1.00			
DAVID CONDRA 3401 WEST END AVENUE SUITE 305 NASHVILLE, TN 37203	ВОД	1.00			
GARY W CORDELL 113 SEABOARD LANE SUITE A-250 FRANKLIN, TN 37067-8282	BOD	1.00			
W FRANK EVANS 111 DUNHAM SPRINGS LANE NASHVILLE, TN 37205	вор	1.00			
DEBORAH FAULKNER P O BOX 282368 NASHVILLE, IN 37228	BOD	1.00			
FARZIN FERDOWSI 1728 GENERAL GEORGE PATTON DRIVE BRENTWOOD, TN 37027	вор	1.00			
ERNEST G FREUDENTHAL 4406 SUNNYBROOK DRIVE NASHVILLE, TN 37205	ВОО	1.00			

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE	AND AVERAGE DEVOTED TO	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
KATE GIBSON 5127 OVERTON ROAD NASHVILLE, TN 37220	BOD	1.00)) 1 1 1 1 1
JOHN C GREER 128 N. WILSON BVLD NASHVILLE, TN 37205	BOD	1.00			
L HALL HARDAWAY JR 615 MAIN STREET NASHVILLE, IN 37206	вор	1.00			
JAMES L KNIGHT 6210 HILLSBORO ROAD NASHVILLE, TN 37215	ВОБ	1.00			
TY OSMAN 4539 TROUSDALE NASHVILLE, TN 37204	вор	1.00			
THOMAS S STUMB 4525 HARDING ROAD SUITE 300 NASHVILLE, TN 37205	ВОБ	1.00			
JOHN VAN MOL 209 7TH AVENUE NORTH NASHVILLE, IN 37219	вор	1.00			
TIMOTHY F VAUGHN 747 DOUGLAS AVENUE NASHVILLE, TN 37207	вор	1.00			

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
BILL WOOD 100 MISSION RIDGE GOODLETTSVILLE, TN 37072	BOD 1.00			
DONNA B YURDIN 4000 WEST END 205 NASHVILLE, TN 37205	30D 1.00			
	GRAND TOTALS	474,367.	8,151.	

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES ______

NAME AND ADDRESS	DEV(TLE AND AVERAGE OURS PER WEEK OTED TO POSITION	COMPENSATION
DAVID JENKINS 1015 HERMAN STREET NASHVILLE, TN 37208	DIR	RETAIL	104,380.
MICHEAL EISENBRAUN 1015 HERMAN STREET NASHVILLE, TN 37208	DIR	PRODUCTS	115,733.
STEVEN BAKER 1015 HERMAN STREET NASHVILLE, TN 37208	DIR	LOSS PRVNTN	104,161.
KARL HOUSTON 1015 HERMAN STREET NASHVILLE, TN 37208	DIR	DONATIONS	121,283.
MATTHEW GLOSTER 1015 HERMAN STREET NASHVILLE, TN 37208	DIR	CAREER SOLUTIONS	99,675.
	TOTAL	COMPENSATION	545,232. =======

Department of the Treasury Internal Revenue Service

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

See separate instructions.

OMB No. 1545-0184 Attachment Sequence No

Name(s) shown on return identifying number GOODWILL INDUSTRIES OF MIDDLE TENNESSEE, INC 62-0599413 1 Enter the gross proceeds from sales or exchanges reported to you for 2007 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) (a) Description (b) Date acquired (c) Date sold (d) Gross allowed or basis, plus Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) sales price allowable since improvements and sum of (d) and (e) acquisition expense of sale ² SEE STATEMENT -1,916. Gain, if any, from Form 4684, line 39 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 6 Gain, if any, from line 32, from other than casualty or theft 6 1,700. Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: 7 -216. Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. Nonrecaptured net section 1231 losses from prior years (see instructions) В Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) . Part | Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less); Loss, if any, from line 7 11 216 Gain, if any, from line 7 or amount from line 8, if applicable 12 Gain, if any, from line 31 13 Net gain or (loss) from Form 4684, lines 31 and 38a 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 Combine lines 10 through 16 17 17 -216 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040.

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2007)

						0599413				
Pa	Gain From Disposition of Proper (see instructions)	rty Un	der Sections 12	45, 1250, 125	2, 1	254, and 125	5	•		
19	(a) Description of section 1245, 1250, 1252, 1254,	or 1255	property:			(b) Date acquire (mo., day, yr.)		(c) Date sold (mo., day, yr.)		
A	COMPUTER					VARIOUS		VARIOUS		
В	92 HINO TRUCK					VARIOUS		VARIOUS		
<u>C</u>										
_ <u>D</u>										
The	se columns relate to the properties on lines 19A through 1	9D. 🕨	Property A	Property B		Property C		Property D		
20	Gross sales price (Note: See line 1 before completing.)	20	50.	1,65	0.					
21	Cost or other basis plus expense of sale	21								
22	Depreciation (or depletion) allowed or allowable	22								
23	Adjusted basis. Subtract line 22 from line 21	23								
24	Total gain. Subtract line 23 from line 20	24	50.	1,65	0.					
25	If section 1245 property:	1 1								
	Depreciation allowed or allowable from line 22	25a								
26 t	Enter the smaller of line 24 or 25a	25b								
20	used, enter -0- on line 26g, except for a corporation subject									
	to section 291.									
	•	26a		-				-		
	Applicable percentage multiplied by the smaller of						l			
_	line 24 or line 26a (see instructions)	26b					\dashv			
C	Subtract line 26a from line 24. If residential rental property									
_	or line 24 is not more than line 26a, skip lines 26d and 26e	26c					\longrightarrow			
	Additional depreciation after 1969 and before 1976	26d					-			
	Enter the smaller of line 26c or 26d	26e					 	<u></u>		
	Section 291 amount (corporations only)	26f 26g		_			-+			
27	if section 1252 property: Skip this section if you did not	209			_		-	· -		
	dispose of farmland or if this form is being completed for a									
а	partnership (other than an electing large partnership). Soil, water, and land clearing expenses	27a								
	Line 27a multiplied by applicable percentage (see instructions)	27Ь					\neg			
	Enter the smaller of line 24 or 27b	27c	1							
	If section 1254 property:			- ·						
a	Intangible drilling and development costs, expenditures for						i			
	development of mines and other natural deposits, and mining exploration costs (see instructions)	28a]							
ь	Enter the smaller of line 24 or 28a	28b					\neg			
29	If section 1255 property:									
a	Applicable percentage of payments excluded from									
	income under section 126 (see instructions)	29a								
b	Enter the smaller of line 24 or 29a (see instructions)	29Ь								
<u> Sui</u>	nmary of Part III Gains. Complete propert	y colu	mns A through D	through line 2	29b	before going t	o line	e 30.		
30	Total gains for all properties. Add property columns	A throug	jh D, line 24				30	1,700.		
31	Add property columns A through D, lines 25b, 26g, 2						31			
32	Subtract line 31 from line 30. Enter the portion from									
В.	other than casualty or theft on Form 4797, line 6						32	1,700.		
Pa	Recapture Amounts Under Section (see instructions)	ons 7	79 and 280F(b)(2) When Busin	less	Use Drops to	> 50%	6 or Less		
	(See instructions)		. <u>.</u> .							
						(a) Section 179		(b) Section		
33	Section 179 expense deduction or depreciation allow	uahla i-	prior voers	Г		113	\longrightarrow	280F(b)(2)		
34	Recomputed depreciation (see instructions)				33		\longrightarrow			
35	Recapture amount. Subtract line 34 from line 33. Se				34 35		\longrightarrow			
	Cabhaol into 04 from title 30. Ge	-2 110 111	or account tot Mucie to	TOPOIL TO TO	99	<u> </u>		4707		

2	Date	Date	Gross Sales	Depreciation Allowed	Cost or Other	Gain or (Loss)
Description	Acquired	Sold	Price	or Allowable	Basis	for entire year
CAMERA SYSTEMS	VARIOUS		NONE		1,155.	-591.
CAMERA SYSTEMS	VARIOUS	VARIOUS	NONE	271.	1,339.	-1,068.
LEASEHOLD IMP.	VARIOUS	VARIOUS	NONE	681.	938.	-257.
Totals						-1,916.

2	Date	Date	Gross Sales	Depreciation Allowed	Cost or Other	Gain or (Loss)
Description	Acquired	Sold	Price	or Allowable	Basis	for entire year
CAMERA SYSTEMS	VARIOUS		NONE		1,155.	-591.
CAMERA SYSTEMS	VARIOUS	VARIOUS	NONE	271.	1,339.	-1,068.
LEASEHOLD IMP.	VARIOUS	VARIOUS	NONE	681.	938.	-257.
Totals						-1,916.