## 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)

OMB No. 1545-0047

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.

Α	For t	ne 2003 caieno	aar year, o	or tax year beginning	, 2003, ar	1a enaing		,		
В	Check	if applicable:					D Empl	oyer Ider	tification Number	
	Ad	ddress change	Please use IRS label	ICOODMITT INDOSIKIES	OF MIDDLE TN,	INC.	62·	52-0599413		
	Na	ame change	or print or type.	1015 HERMAN STREET			E Telep	hone nui	mber	
	In	itial return	See specific	NASHVILLE, TN 37208			(6:	15) '	742-4151	
	Fi	nal return	instruc- tions.					unting od:	Cash X Accrual	
	$\vdash$	mended return						Other (sp		
	$\vdash$	oplication pending	Section	on 501(c)(3) organizations and 4	947(a)(1) nonexempt	H and I are not	applicable to sec			
	Ш'	,	charit	table trusts must attach a compl	eted Schedule A		a group return for			
			•	1 990 or 990-EZ).		` '	enter number of			
G	Web	site: ► HTTP	://WWW	N.GOODWILLMIDTEN.ORG/	/	( )	affiliates include			
J	Orga	nization type		-		` '	,' attach a list. Se			
		ck only one)			1 (1/(/)	H (d) Is this	a separate return	filed by	an	
K				nization's gross receipts are norm			zation covered by			
				eed not file a return with the IRS; ie in the mail, it should file a retu		I Grou	o Exemption	Numbe		
		e states requir			maroat marorar aata.				ition is <b>not</b> required	
L	Gross	s receints: Ado	l lines 6b.	. 8b, 9b, and 10b to line 12 ► 20	0.410.152.				, 990-EZ, or 990-PF).	
<u>-</u> Pa	rt I			nses, and Changes in Net		lances (See	Instructions)		, ,	
			•	ants, and similar amounts receive			motractions)			
					i i	1a	20,968.			
							122,998.			
		Government	ontributio	ons (grants)		10 6	597,028.			
	ď	Total (add lines	h Ś	840,994. noncash \$		10		1 d	840,994.	
	2			ue including government fees and				2	19,330,003.	
	3	-		assessments	·	-	l l	3	13/330/003.	
	4			d temporary cash investments			l l	4	21,767.	
	5		-	from securities			l l	5	4,167.	
	6a				i	1			1/10/.	
					H					
				oss) (subtract line 6b from line 6a				6c		
_	7			ne (describe	۵)		)	7		
REVENUE					(A) Securities	(B)	Other			
Ě	8 a	Gross amoun	t from sal v	es of assets other	212,794.	8a				
ñ	b			is and sales expenses	·	8b	6,090.			
_				le) STATEMENT . 1		8c	-6,090.			
				bine line 8c, columns (A) and (B				8 d	-33,050.	
				ivities (attach schedule). If any a						
		Gross revenu			of contributions					
			-	·····		9a				
	b	•	•	other than fundraising expenses.		9b				
			'	om special events (subtract line s	<u> </u>			9с		
				ry, less returns and allowances		10a				
				ld		10b				
				ales of inventory (attach schedule) (subtra				10 c		
	11	Other revenue	e (from Pa	art VII, line 103)				11	427.	
	12			es 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10			ľ	12	20,164,308.	
Е	13			n line 44, column (B))				13	16,831,290.	
EXPENSES	14	Management	and gene	eral (from line 44, column (C))				14	2,834,336.	
E	15			44, column (D))			F	15		
S	16			(attach schedule)				16		
Š	17	Total expens	<b>es (</b> add lir	nes 16 and 44, column (A))	<u></u>	<u></u>	<u> </u>	17	19,665,626.	
Δ	18			the year (subtract line 17 from lin				18	498,682.	
Ν̈́S	19			ances at beginning of year (from				19	7,000,420.	
N S E E T T	20			ssets or fund balances (attach ex			, t	20	67,154.	
Ś				ances at end of year (combine lin				21	7,566,256.	

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

E	o not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	<b>(B)</b> Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch)					
	(cash \$					
	non-cash \$)	22				
23	Specific assistance to individuals (att sch)	23				
24	Benefits paid to or for members (att sch) Compensation of officers, directors, etc	24 25	353,041.	45,870.	307,171.	
25 26	Other salaries and wages	26	10,637,939.	9,579,980.	1,057,959.	
27	Pension plan contributions	27	103,034.	78,630.	24,404.	
28	Other employee benefits	28	480,846.	392,935.	87,911.	
29	Payroll taxes	29	1,256,876.	1,114,984.	141,892.	
30	Professional fundraising fees	30	1,230,070.	1,114,504.	141,092.	
	· ·	31	22,000.		22,000.	
31	Accounting fees.	32	16,084.	11,157.	4,927.	
32	Legal fees.					
33	Supplies	33	656,283.	614,560.	41,723.	
34	Telephone.	34	181,750.	150,760.	30,990.	
35	Postage and shipping	35	37,677. 3,258,525.	29,480. 3,024,700.	8,197. 233,825.	
36	Occupancy	36			· · · · · · · · · · · · · · · · · · ·	
37	Equipment rental and maintenance	37	52,215.	42,747.	9,468.	
38	Printing and publications	38	71,812.	22,098.	49,714.	
39	Travel	39	312,127.	283,137.	28,990.	
40	Conferences, conventions, and meetings	40	9,401.	6,256.	3,145.	
41	Interest	41	113,293.	605 500	113,293.	
42	Depreciation, depletion, etc (attach schedule)	42	1,019,520.	685,799.	333,721.	
43	Other expenses not covered above (itemize):		1 000 000		00= 000	
а	SEE STATEMENT 3	43 a	1,083,203.	748,197.	335,006.	
b		43 b				
C		43 c				
d		43 d				
. е		43 e				
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	19,665,626.	16,831,290.	2,834,336.	0.
	Costs. Check. ► if you are following			, ,	, ,	
	iny joint costs from a combined educationa			icitation reported in (B) F	Program services?	. ► Yes X No
	s,' enter (i) the aggregate amount of these				mount allocated to Progi	
\$		-	to Management and ger		; and <b>(iv)</b> th	
o Fu	ndraising \$					
ar	III Statement of Program Serv	rice A	ccomplishments			
Vhat	is the organization's primary exempt purpo	ose? ►	SEE STATEME	NT 4		Program Service Expenses
All or	ganizations must describe their exempt pu	rpose a	achievements in a clear	and concise manner. Sta	ate the number of	(Required for 501(c)(3) and (4) organizations and
zatio	ganizations must describe their exempt pu is served, publications issued, etc. Discuss ins and 4947(a)(1) nonexempt charitable tr	acniev usts m	ust also enter the amour	nt of grants & allocations	s to others.)	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
	SEE STATEMENT 5				·	·
				. — — — — — — — —		
			(Grants and	d allocations \$		16,831,290.
b			(S. G. I.G. GITC	т	<del></del>	, , , ,
~						
			(Grants and	allocations \$		
_			(Grants and	a dilocations y	<i>)</i>	
C						
			(Cranta ===	d allocations &		
ار			(Grants and	l allocations \$	)	
d						
				. – <u>.</u> – – . – . – . – . – .		
	011		•	l allocations \$	)	
	Other program services		· · · · · · · · · · · · · · · · · · ·	l allocations \$	)	16 001 000
f	Total of Program Service Expenses (show	uld eau	al line 44 column (R) F	Program services)	▶	16,831,290.

# Part IV Balance Sheets (See Instructions)

Note:	Wł	nere required, attached schedules and amounts within lumn should be for end-of-year amounts only.	(A) Beginning of year		<b>(B)</b> End of year		
	45	Cash — non-interest-bearing			259,820.	45	176,700.
	46	Savings and temporary cash investments			1,706,222.	46	2,649,222.
	47 8	Accounts receivable	254,333.				
	ı	<b>b</b> Less: allowance for doubtful accounts		4,886.	221,373.	47 c	249,447.
	48 a	a Pledges receivable	48 a				
	ı	Less: allowance for doubtful accounts	48 b			48 c	
	49	Grants receivable			38,135.	49	50,817.
A S S E T S	50	Receivables from officers, directors, trustees, and ke employees (attach schedule)	y 			50	
Ē	51 a	a Other notes & loans receivable (attach sch)	51 a				
S	I	Less: allowance for doubtful accounts	51 b			51 c	
	52	Inventories for sale or use			501,060.	52	515,474.
	53	Prepaid expenses and deferred charges			99,564.	53	101,917.
	54	Investments – securities (attach schedule) SEE	ST. 6	► Cost X FMV	205,955.	54	331,809.
	55 a	a Investments — land, buildings, & equipment: basis.	55 a				
	ı	Less: accumulated depreciation (attach schedule)	55 b			55 c	
	56	Investments — other (attach schedule)				56	
		a Land, buildings, and equipment: basis	57 a	15,202,207.			
	ı	Less: accumulated depreciation (attach schedule)	57 b	6,078,484.	7,486,338.	57 c	9,123,723.
	58	Other assets (describe > SEE STATEMENT 8		)	27,165.	58	47,525.
	59	Total assets (add lines 45 through 58) (must equal lines 45 through 58)		10,545,632.	59	13,246,634.	
	60	Accounts payable and accrued expenses			1,236,906.	60	1,243,333.
Ļ	61	Grants payable				61	
I A B	62	Deferred revenue			12,231.	62	13,830.
Ĩ	63	Loans from officers, directors, trustees, and key employees (attach	schedul	e)		63	
I L T E S		a Tax-exempt bond liabilities (attach schedule)		-		64a	
į		<b>b</b> Mortgages and other notes payable (attach schedule) $SE$		'ATEMENT. 9	2,296,075.	64b	4,362,197.
š	65	Other liabilities (describe • SEE STATEMENT	10	)		65	61,018.
		Total liabilities (add lines 60 through 65)			3,545,212.	66	5,680,378.
N	rgan	izations that follow SFAS 117, check here ► X ar	nd com	nplete lines 67			
N E T		through 69 and lines 73 and 74.			T 000 400		T 566 056
A S	67	Unrestricted		F	7,000,420.		7,566,256.
ASSETS	68	Temporarily restricted.				68	
	69	Permanently restricted			69		
R	rgan	izations that do not follow SFAS 117, check here ►		and complete lines			
Б	70	70 through 74.				70	
F U N D	70 71	Capital stock, trust principal, or current funds	F		70 71		
	71 72	Paid-in or capital surplus, or land, building, and equi		The state of the s		72	
BALANCES	72 73	Retained earnings, endowment, accumulated income  Total net assets or fund balances (add lines 67 throu	igh 69	or lines 70 through			
Ĕ		72; column (A) must equal line 19; column (B) must	equal	line 21)	7,000,420.		7,566,256.
	74	Total liabilities and net assets/fund balances (add lin	nes 66	and 73)	10,545,632.	74	13,246,634.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Par	t IV-A	Recon Financ per Re	ciliat ial S turn	tion o taten (See	of Rever nents w instruc	nue ith tion	per Audited Revenue s.)	Part	Reconcilia Financial per Return	Statements with	es 1 E	per Audited xpenses
а	Total reve per audite	enue, gains, ed financial	and othe stateme	er suppo	ort ►	а	20,206,969.	а	Total expenses and financial statements.	losses per audited	а	19,641,133.
b		ts include line 12, Fo			out			b	Amounts included or on line 17, Form 990			
(1)	Net unregains or investment	n	\$	6	7,154.			(1)	Donated services and use of facilities \$			
(2)	Donated ices and of facility	d use	\$					(2)	Prior year adjust- ments reported on line 20, Form 990 \$			
` .	Recoverie year grant Other (s	ts	\$			-			Losses reported on line 20, Form 990 \$ Other (specify):			
( )	`		\$		6,090. )►				SEE STMT 13 \$ Add amounts on lines (1)	6,090.		
	Add amou	unts on lines	(1) thr	rough <b>(4</b>	) 🏲	b	73,244.		Add amounts on lines (1)	through <b>(4)</b>	b	6,090. 19,635,043.
c d	Amount	ninus iine ts include 90 but not	d on li	ine 12,	▶	С	20,133,725.	d	Line <b>a</b> minus line <b>b</b> Amounts included or Form 990 but not on	n line 17,	С	19,635,043.
(1)	Investmer	nt expenses led on line						(1)	Investment expenses			
		990	\$						6b, Form 990 \$			
(2)	Other (s	specify):						(2)	Other (specify):			
	SEE S	STM 12	Ś	3	0,583.				SEE STMT 14\$	30 583		
	Add am	ounts on	lines (	(1) and	(2)▶	d	30,583.		Add amounts on line	es (1) and (2)	d	30,583.
е	Total re 990 (lin	evenue pe e <b>c</b> plus l	r line ine ine d).	12, Fo	rm ►	е	20,164,308.	е	Total expenses per l 990 (line <b>c</b> plus line	line 17. Form		19,665,626.
Par	t V L	ist of C	Office	ers, D	irectors	s, T	rustees, and Key I	Empl	oyees (List each or	ne even if not compe	ensa	
	(/	<b>4)</b> Name :	and ad	ddress		(1	B) Title and average ho per week devoted to position	urs	(C) Compensation (if not paid, enter -0-)	(D) Contributions employee benefi plans and deferre compensation	t	(E) Expense account and other allowances
SEE	STAT	EMENT	15									
									050 044	0.01		
									353,041.	8,21	2.	0.
-												
						_]						
						-						
75	than \$ \$10,0	\$100,000 00 was p	from y rovided	our or d by th	ganization	n and orga	mployee receive aggred all related organizations?	ns, of	which more than		► [	Yes X No

Pa	rt VI Other Information (See instructions.)		Yes	No		
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.	76		Х		
77	77 Were any changes made in the organizing or governing documents but not reported to the IRS?					
If 'Yes,' attach a conformed copy of the changes.						
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?						
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?						
•						
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.						
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common						
00 6	membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80 a	Χ			
ŀ	olf 'Yes,' enter the name of the organization   GOODWILL GOVERNMENT SERVICES, INC.					
	and check whether it is $\overline{X}$ exempt <b>or</b> nonexempt.					
	Enter direct and indirect political expenditures. See line 81 instructions					
ŀ	Did the organization file Form 1120-POL for this year?	81 b		Х		
82 8	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		Χ		
ı	If 'Yes,' you may indicate the value of these items here. Do not include this amount as					
	revenue in Part I or as an expense in Part II. (See instructions in Part III.)					
	a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X			
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	7.7		
84 8	a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		Х		
ŀ	olf 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were		NT.	/ 70		
٥.	not tax deductible?	84b 85a		/A /A		
	501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		/A		
		อวม	IN	A		
	If 'Yes' was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.					
,	Dues, assessments, and similar amounts from members					
	Section 162(e) lobbying and political expenditures.  85d N/A					
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.  85e N/A					
	Taxable amount of lobbying and political expenditures (line 85d less 85e)					
	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N,	/A		
	a If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of	·				
	dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N,	/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on					
	line 12					
ŀ	Gross receipts, included on line 12, for public use of club facilities					
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders					
ı	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)					
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?					
	If 'Yes,' complete Part IX	88		Х		
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:					
	section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.					
ŀ	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement					
	during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b		Х		
		030		Λ		
(	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.		
	I Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.		
	List the states with which a copy of this return is filed <b>TENNESSEE</b>					
	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90 b		712		
	The books are in care of ► TAMMY GLASS  Telephone number ► (615) 742-41	L51				
	Located at ► 1015 HERMAN STREET, NASHVILLE, TN ZIP + 4 ► 37208	3				
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 — Check here	. N/	Α	▶ [		
	and enter the amount of tax-exempt interest received or accrued during the tax year			N/A		

		Unrelated	business income	Excluded by sect	ion 512, 513, or 514	<b>(E)</b>
<b>Note:</b> Enter	r gross amounts unless	(A)	(B)	(C)	(D)	<b>(E)</b> Related or exempt
		Business code	Amount	Exclusion code	Amount	function income
	gram service revenue: NTRACT PROGRAM					205 006
	E FOR SERVICE					385,986. 118,152.
	ODWILL GOVNT SERV.					30,583.
	TAIL PROGRAM					18,795,282.
е						, ,
f Med	dicare/Medicaid payments					
<b>g</b> Fees	& contracts from government agencies					
	mbership dues and assessments					
	est on savings & temporary cash invmnts			14	21,767.	
	idends & interest from securities			14	4,167.	
	rental income or (loss) from real estate:					
	ot-financed property			+		
	debt-financed property					
	rental income or (loss) from pers prop er investment income					
	n or (loss) from sales of assets			+		
	er than inventory			18	-33,050.	
<b>101</b> Net i	income or (loss) from special events					
	s profit or (loss) from sales of inventory					
	er revenue: a					407
	SCELLANEOUS INCOME					427.
c						
d e						
· · · · ·	otal (add columns (B), (D), and (E))				-7,116.	19,330,430.
	<b>al</b> (add columns (b), (b), and (c), <b>a</b>	nd (F))				19,323,314.
	105 plus line 1d, Part I, should equa					13,020,011.
	Relationship of Activities to			xempt Purpose	S (See instructions.)	
Line No.	Explain how each activity for which	income is rep	orted in column (E)	of Part VII contribute	ed importantly to the a	accomplishment
•	of the organization's exempt purpor	ses (other that	n by providing funds	for such purposes).		
	SEE STATEMENT 16					
Part IX	Information Regarding Tax					
Part IX	Information Regarding Tax (A)	able Subsi		egarded Entities	(See instructions.)	(E)
Name,	(A) address, and EIN of corporation,	(B) Percentage	of Nature of		<b>(D)</b> Total	End-of-year
Name, par	(A)	(B)	of Nature o	(C)	(D)	
Name,	(A) address, and EIN of corporation,	(B) Percentage	of Nature of	(C)	<b>(D)</b> Total	End-of-year
Name, par	(A) address, and EIN of corporation,	(B) Percentage	of Nature of State of	(C)	<b>(D)</b> Total	End-of-year
Name, par	(A) address, and EIN of corporation,	(B) Percentage	of Nature of Section 1985	(C)	<b>(D)</b> Total	End-of-year
Name, pari N/A	(A) address, and EIN of corporation, tnership, or disregarded entity	(B) Percentage ownership int	of Nature of Section 1985	(c) of activities	(D) Total income	End-of-year assets
Name, pari	(A) address, and EIN of corporation, thership, or disregarded entity  Information Regarding Tra	(B) Percentage ownership int	of Nature of S S S S S S S S S S S S S S S S S S	of activities  resonal Benefit Co	(D) Total income	End-of-year assets
Name, pari	(A) address, and EIN of corporation, thership, or disregarded entity  Information Regarding Train organization, during the year, receive any fundaments.	Percentage ownership into	Nature of Nature of State of S	of activities  resonal Benefit Con a personal benefit contra	(D) Total income  ontracts (See instract?	End-of-year assets  uctions.)  Yes X No
Name, pari N/A  Part X a Did the	(A) address, and EIN of corporation, thership, or disregarded entity  Information Regarding Transport organization, during the year, receive any funder organization, during the year, pay	Percentage ownership int	Nature of Seriest Nature of Se	of activities  resonal Benefit Con a personal benefit contra	(D) Total income  ontracts (See instract?	End-of-year assets  uctions.)  Yes X No
Name, pari N/A  Part X a Did the	(A) address, and EIN of corporation, thership, or disregarded entity  Information Regarding Transport organization, during the year, receive any function organization, during the year, pay fryes' to (b), file Form 8870 and Form	Percentage ownership into the commership into the commership into the commers and the commers are the commers	Nature of Nature of Serest Nature of Ser	rsonal Benefit Con a personal benefit contra	(D) Total income  ontracts (See instract?	uctions.)  Yes X No Yes X No
Name, pari N/A  Part X a Did the	(A) address, and EIN of corporation, thership, or disregarded entity  Information Regarding Transport organization, during the year, receive any funder organization, during the year, pay	Percentage ownership into the commership into the commership into the commers and the commers are the commers	Nature of Nature of Serest Nature of Ser	rsonal Benefit Con a personal benefit contra	(D) Total income  ontracts (See instract?	uctions.)  Yes X No Yes X No
Name, pari N/A  Part X a Did the b Did th Note: /i	(A) address, and EIN of corporation, thership, or disregarded entity  Information Regarding Transport organization, during the year, receive any function organization, during the year, pay fryes' to (b), file Form 8870 and Form	Percentage ownership into the commership into the commership into the commers and the commers are the commers	Nature of Nature of Serest Nature of Ser	rsonal Benefit Con a personal benefit contra	(D) Total income  ontracts (See instract?	uctions.)  Yes X No Yes X No
Name, pari N/A  Part X a Did the b Did th Note: /i	(A) address, and EIN of corporation, thership, or disregarded entity  Information Regarding Transport organization, during the year, receive any function organization, during the year, pay fryes' to (b), file Form 8870 and Form	Percentage ownership into the commership into the commership into the commers and the commers are the commers	Nature of Nature of Serest Nature of Ser	rsonal Benefit Con a personal benefit contra	(D) Total income  ontracts (See instract?	uctions.)  Yes X No Yes X No
Name, pari N/A  Part X a Did the b Did th Note: /i	(A) address, and EIN of corporation, thership, or disregarded entity  Information Regarding Trae organization, during the year, receive any function the organization, during the year, pay for 'Yes' to (b), file Form 8870 and Form Under penalties of perjury, I declare that I have true, correct, and complete. Declaration of present the property of the perjury of the penalties of perjury.	Percentage ownership into the commership into the commership into the commers and the commers are the commers	Nature of Nature of Serest Nature of Ser	rsonal Benefit Con a personal benefit contra	(D) Total income  ontracts (See instract?	uctions.)  Yes X No Yes X No
Name, pari N/A  Part X a Did the b Did th Note: /i	(A) address, and EIN of corporation, thership, or disregarded entity  Information Regarding Trae organization, during the year, receive any function the organization, during the year, pay for 'Yes' to (b), file Form 8870 and Form Under penalties of perjury, I declare that I have true, correct, and complete. Declaration of present the property of the perjury of the penalties of perjury.	Percentage ownership into the commership into the commership into the commers and the commers are the commers	Nature of Nature of Serest Nature of Ser	rsonal Benefit Con a personal benefit contra	(D) Total income  Ontracts (See instract?	uctions.)  Yes X No  Yes X No  owledge and belief, it is
Name, pari N/A  Part X a Did the b Did th Note: /i	(A) address, and EIN of corporation, thership, or disregarded entity  Information Regarding Trailer organization, during the year, receive any function of the organization, during the year, pay for the organization of preference of the organization of preference or the organization of the organization of preference or the organization of the organization organization of the organization organization organization organization organization organization organization org	Percentage ownership into the commership into the commership into the commers and the commers are the commers and the commers are the commers and the commers are the commers	Nature of Nature of Serest Nature of Ser	rsonal Benefit Con a personal benefit contra	(D) Total income  Ontracts (See instruct?	uctions.)  Yes X No  Yes X No  owledge and belief, it is
Name, pari N/A  Part X a Did the b Did th Note: /i	(A) address, and EIN of corporation, thership, or disregarded entity  Information Regarding Trailer organization, during the year, receive any function of the organization, during the year, pay for the organization of preference of the organization of preference or the organization of preference or the organization of preference or the organization of the organization	Percentage ownership into the commership into the commership into the commers and the commers are the commers and the commers are the commers and the commers are the commers	Nature of Nature of Serest Nature of Ser	rsonal Benefit Con a personal benefit on a personal benefit contrain a personal benefit matter of which preparer has	(D) Total income  Ontracts (See instruct?	uctions.)  Yes X No Yes X No
Name, pari N/A  Part X a Did the b Did the Note: /i	(A) address, and EIN of corporation, thership, or disregarded entity  Information Regarding Trailer organization, during the year, receive any function of the organization, during the year, pay for 'Yes' to (b), file Form 8870 and Form Under penalties of perjury, I declare that I have true, correct, and complete. Declaration of prescriptions of the organization of prescriptions of perjury. I declare that I have true, correct, and complete. Declaration of prescriptions or print name and title  Preparer's signature  Firm's name (or FRASIER, DEA)	Percentage ownership int  nsfers Ass ds, directly or ind premiums, di m 4720 (see in e parer (other than of the parer (other than of the parer)	of Nature of Serest Nat	rsonal Benefit Con a personal benefit on a personal benefit contrain a personal benefit matter of which preparer has	(D) Total income  Ontracts (See instract?	End-of-year assets  uctions.)  Yes X No Yes X No owledge and belief, it is
Name, pari N/A  Part X a Did the b Did th Note: /i	(A) address, and EIN of corporation, thership, or disregarded entity  Information Regarding Trailer organization, during the year, receive any function of the organization, during the year, pay for the organization of the organization of present the organization of present the organization of present the organization of the organization of present the organization of the organization o	Percentage ownership int  nsfers Ass ds, directly or ind premiums, di m 4720 (see in e examined this reparer (other than of the content of th	of Nature of Serest Nat	rsonal Benefit Con a personal benefit on a personal benefit contrain a personal benefit matter of which preparer has	(D) Total income  Ontracts (See instract?	End-of-year assets  uctions.)  Yes X No Yes X No owledge and belief, it is

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

Supplementary information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

2003

OMB No. 1545-0047

Name of organization		Employer identification number
GOODWILL INDUSTRIES OF MIDDLE	TN, INC.	62-0599413
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( <u>3</u> ) (enter number) organization 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a p 527 political organization	orivate foundation
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a priva 501(c)(3) taxable private foundation	ite foundation
Check if your organization is covered by the <b>Ger</b> check box(es) for both the General Rule and a S	neral Rule or a Special Rule. (Note: Only a section 501(c)(7) Special Rule — see instructions.)	, (8), or (10) organization can
General Rule —  For organizations filing Form 990, 990-EZ, or contributor. (Complete Parts I and II.)	r 990-PF that received, during the year, \$5,000 or more (in n	noney or property) from any one
Special Rules —		
X For a section 501(c)(3) organization filing Fo 509(a)(1)/170(b)(1)(A)(vi) and received from amount on line 1 of these forms. (Complete	orm 990, or Form 990-EZ, that met the 33-1/3% support test or any one contributor, during the year, a contribution of the gr Parts I and II.)	of the regulations under sections eater of \$5,000 or 2% of the
aggregate contributions or beguests of more	tion filing Form 990, or Form 990-EZ, that received from any than \$1,000 for use exclusively for religious, charitable, sciedren or animals. (Complete Parts I, II, and III.)	one contributor, during the year, entific, literary, or educational
some contributions for use exclusively for re \$1,000. (If this box is checked, enter here thetc, purpose. Do not complete any of the Pa	tion filing Form 990, or Form 990-EZ, that received from any ligious, charitable, etc, purposes, but these contributions did e total contributions that were received during the year for arrts unless the <b>General Rule</b> applies to this organization because of the property of the year.	not aggregate to more than not aggregate to more than not exclusively religious, charitable, ause it received nonexclusively
religious, charitable, etc, contributions of \$5,	000 or more during the year.)	Q
Caution: Organizations that are not covered by the 990-PF) but they must check the box in the head not meet the filing requirements of Schedule B (	the General Rule and/or the Special Rules do not file Schedu ding of their Form 990, Form 990-EZ, or on line 1 of their For Form 990, 990-EZ, or 990-PF).	le B (Form 990, 990-EZ, or rm 990-PF, to certify that they do

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2003)

GOODWILL INDUSTRIES OF MIDDLE TN, INC.

Employer identification number 62-0599413

Part I	Contributors (See Specific Instructions.)		
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	UNITED WAY PO BOX 280420 NASHVILLE, TN 37228	\$ <u>122,998.</u>	Person X Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- -\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- -\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- -\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- -\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

GOODWILL INDUSTRIES OF MIDDLE TN, INC.

62-0599413

Part II	Noncash Property (See Specific Instructions.)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
	<del></del>		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<sup>5</sup>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<sup>\$</sup>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<del> </del>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	L		
		\$	
BAA	·	 Schedule B (Form 990, 990-E	Z, or 990-PF) (200

to 1

of Part III

Name of organization
GOODWILL INDUSTRIES OF MIDDLE TN, INC.

Employer identification number 62-0599413

Part III	Exclusively religious, charitable	, etc, individual contributions to section 501(c)( than \$1,000 for the year (Complete cols (a) through (e)	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 contributions of <b>\$1,000 or less</b> for the year.	total of <i>exclusively</i> religious, cha (Enter this information once – s	aritable, etc, ee instructior	ns.) ▶\$ N//	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	
	N/A				
	Transferee's name, addres	(e) Transfer of gift	Rela	ationship of transferor to transferee	
	Transferee 3 name, dadies				
(a)	(b)	(c)		(d)	
No. from Part I	Purpose of gift	Use of gift		Description of how gift is held	
	Transferee's name, addres	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)	(b)	(c)		(d)	
No. from Part I	Purpose of gift	Use of gift		Description of how gift is held	
	<u> </u>				
	Transferee's name, addres	(e) Transfer of gift	Rela	ationship of transferor to transferee	
, ,			·		

## FEDERAL STATEMENTS

PAGE 1

GOODWILL INDUSTRIES OF MIDDLE TN, INC.

62-0599413

**STATEMENT 1** FORM 990, PART I, LINE 8 **NET GAIN (LOSS) FROM NONINVENTORY SALES** 

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: 212,794. 239,754. COST OR OTHER BASIS:

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$ -26,960.

OTHER ASSETS

DESCRIPTION: SCRAPPED FIXED ASSETS
DATE ACQUIRED: VARIOUS
HOW ACQUIRED: PURCHASE
DATE SOLD: VARIOUS DATE SOLD:

TO WHOM SOLD:

TO WHOM SOLD.

GROSS SALES PRICE:

COST OR OTHER BASIS: 842,131. 836,041. DEPRECIATION:

GAIN (LOSS) -6,090.

TOTAL GAIN (LOSS) OTHER ASSETS \$ -6,090.

TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -33,050.

**STATEMENT 2 FORM 990. PART I. LINE 20** OTHER CHANGES IN NET ASSETS OR FUND BALANCES

**STATEMENT 3** FORM 990, PART II, LINE 43 OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) <u>FUNDRAISING</u>
ADVERTISING AWARDS BAD DEBT EXPENSE BANK SERVICE CHARGES CREDIT CARD FEES DONATIONS DRUG TESTING DUES EMPLOYEE RELATIONS INSURANCE-GENERAL OTHER PROFESSIONAL FEES	559,644. 504. 4,338. 19,193. 100,045. 15,000. 29,009. 122,472. 39,945. 109,667. 34,426. 43,294.	504. 4,058. 2,428. 100,045. 28,859. 3,914. 3,111. 360.	280. 16,765. 15,000. 150. 118,558. 36,834. 109,307.	

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• )	"	•	100
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## FEDERAL STATEMENTS

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GOODWILL INDUSTRIES OF MIDDLE TN, INC.

62-0599413

STATEMENT 3 (CONTINUED) FORM 990, PART II, LINE 43 OTHER EXPENSES

> (A) TOTAL

(C) **MANAGEMENT**  (D)

SUBSCRIPTIONS

**SERVICES** 

& GENERAL FUNDRAISING

TOTAL  $\frac{5,666.}{$1083203.}$   $\frac{3,348.}{$748,197.}$   $\frac{2,318.}{$335,006.}$   $\frac{$}{$}$ 

(B)

**PROGRAM** 

STATEMENT 4 FORM 990, PART III ORGANIZATION'S PRIMARY EXEMPT PURPOSE

REHABILITATION SERVICES FOR DISABLED AND DISADVANTAGED PEOPLE

**STATEMENT 5** FORM 990, PART III, LINE A STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION

GRANTS AND ALLOCATIONS

**PROGRAM SERVICE EXPENSES** 

TO PROVIDE REHABILITATION SERVICES, TRAINING AND EMPLOYMENT OPPORTUNITIES FOR HANDICAPPED, DISABLED AND DISADVANTAGED INDIVIDUALS AS AN INTEGRAL STEP TO EMPLOYMENT IN THE EXISTING LABOR MARKET.

16,831,290.

16831290.

STATEMENT 6 FORM 990, PART IV, LINE 54 **INVESTMENTS - SECURITIES** 

VALUATION OTHER PUBLICLY TRADED SECURITIES METHOD AMOUNT T. ROWE PRICE FUNDS MARKET VALUE 270,791. \$ 457 PLAN T. ROWE PRICE MARKET VALUE 61,018.

> TOTAL \$ 331,809.

331,809. TOTAL INVESTMENTS - SECURITIES \$

# **FEDERAL STATEMENTS**

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GOODWILL INDUSTRIES OF MIDDLE TN, INC.

62-0599413

STATEMENT 7
FORM 990, PART IV, LINE 57
LAND, BUILDINGS, AND EQUIPMENT

CATEGORY	BASIS	ACCUM. DEPREC.	BOOK VALUE
AUTOMOBILES / TRANSPORTATION EQUIPMENT MACHINERY AND EQUIPMENT BUILDINGS IMPROVEMENTS LAND TOTAL	\$ 1,258,758. \$ 3,642,156. 6,109,164. 2,914,136. 1,277,993. \$ 15,202,207.	830,604. 2,282,623. 815,386. 2,149,871.	\$ 428,154. 1,359,533. 5,293,778. 764,265. 1,277,993. \$ 9,123,723.

#### STATEMENT 8 FORM 990, PART IV, LINE 58 OTHER ASSETS

DEPOSITS	\$ 33,775.
LOAN COSTS	13,750.
TOTAL	\$ 47,525.

#### STATEMENT 9 FORM 990, PART IV, LINE 64B MORTGAGES AND OTHER NOTES PAYABLE

MORTGAGES PAYABLE	<u></u>	LANCE DUE
SUNTRUST BANK BANK OF AMERICA		2,112,197. 2,250,000.

TOTAL \$ 4,362,197.

#### STATEMENT 10 FORM 990, PART IV, LINE 65 OTHER LIABILITIES

DEFERRED COMPENSATION PLAN	\$ 61,018.
TOTAL	\$ 61,018.

#### STATEMENT 11 FORM 990, PART IV-A, LINE B(4) OTHER AMOUNTS

LOSS ON DISPOSAL OF FIXED	ASSETS	\$ 6,090.
	TOTAL	\$ 6,090.

STATEMENT 12 FORM 990, PART IV-A, LINE D(2) OTHER AMOUNTS  GOODWILL GOVN'T SERV. REIMBURSEMENT:  STATEMENT 13 FORM 990, PART IV-B, LINE B(4) OTHER AMOUNTS  LOSS ON DISPOSAL OF FIXED ASSETS  STATEMENT 14 FORM 990, PART IV-B, LINE D(2) OTHER AMOUNTS  GOODWILL GOVN'T SERV. REIMBURSEMENT:  STATEMENT 15 FORM 990, PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES  NAME AND ADDRESS  PROPROMOTOR OF PROPRESS  PROPROMOTOR OF P	S	PLOYEES RS CO	S OMPEN- SATION	TOTAL \$\frac{\xi}{2}\$	T- TO	
FORM 990, PART IV-A, LINE D(2) OTHER AMOUNTS  GOODWILL GOVN'T SERV. REIMBURSEMENTS  STATEMENT 13 FORM 990, PART IV-B, LINE B(4) OTHER AMOUNTS  LOSS ON DISPOSAL OF FIXED ASSETS  STATEMENT 14 FORM 990, PART IV-B, LINE D(2) OTHER AMOUNTS  GOODWILL GOVN'T SERV. REIMBURSEMENTS  STATEMENT 15 FORM 990, PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES  NAME AND ADDRESS PR DAVID LIFSEY NASHVILLE, TN  JAMES L. KNIGHT  CH	S. AND KEY EM  TITLE AND  AVERAGE HOUR  ER WEEK DEVO	PLOYEES RS CO	S OMPEN- SATION	TOTAL SE	T- TO	30,583. 6,090. 6,090. 30,583. 30,583.
FORM 990, PART IV-B, LINE B(4) OTHER AMOUNTS  LOSS ON DISPOSAL OF FIXED ASSETS  STATEMENT 14 FORM 990, PART IV-B, LINE D(2) OTHER AMOUNTS  GOODWILL GOVN'T SERV. REIMBURSEMENTS  FORM 990, PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES  NAME AND ADDRESS PR 40 NASHVILLE, TN  JAMES L. KNIGHT CH	S. AND KEY EM  TITLE AND  AVERAGE HOUR  ER WEEK DEVO	PLOYEES	S OMPEN- SATION	TOTAL \$\frac{2}{5}\$  CONTRIBUTION	- TO	30,583. 30,583. EXPENSE
FORM 990, PART IV-B, LINE D(2) OTHER AMOUNTS  GOODWILL GOVN'T SERV. REIMBURSEMENT:  STATEMENT 15 FORM 990, PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES  NAME AND ADDRESS PR 40 NASHVILLE, TN  JAMES L. KNIGHT CH	S, AND KEY EM TITLE AND AVERAGE HOUR ER WEEK DEVOY	RS CO	S OMPEN- SATION	TOTAL E	[- TO	EXPENSE
NAME AND ADDRESS  PR DAVID LIFSEY  NASHVILLE, TN  JAMES L. KNIGHT  CH 1	AVERAGE HOUR ER WEEK DEVO	TED S	SATION	BUTION	TO	
DAVID LIFSEY  NASHVILLE, TN  JAMES L. KNIGHT  CH 1						OTHER
JAMES L. KNIGHT CH		\$	166,500.		58. :	
•	AIRMAN		0.		0.	0
GARY CORDELL VI NASHVILLE, TN	CE CHAIRMAN		0.		0.	0
ROBERT E. MCNEILLY DI NASHVILLE, TN	RECTOR		0.		0.	0
KATHLEEN M. WHALEN  NASHVILLE, TN	CRETARY		0.		0.	0

# **FEDERAL STATEMENTS**

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GOODWILL INDUSTRIES OF MIDDLE TN, INC.

62-0599413

## STATEMENT 15 (CONTINUED) FORM 990, PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	 COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ROBERT HAWKINS	DIRECTOR 1	\$ 0.	\$ 0.	\$ 0.
NASHVILLE, TN	1			
R. CRAIG LANE	VICE CHAIRMAN	0.	0.	0.
NASHVILLE, TN	1			
KEVIN MCDERMOTT	DIRECTOR	0.	0.	0.
NASHVILLE, TN	1			
BETTY JOHNSON	VP EMPLOYMENT	91,739.	3,667.	0.
NASHVILLE, TN	40			
SHELIA GIBSON	TREASURER	0.	0.	0.
FRANKLIN, TN	1			
TAMMY GLASS	VP FINANCE	94,802.	3,787.	0.
CLARKSVILLE, TN	40			
ALAN MOORE	DIRECTOR	0.	0.	0.
NASHVILLE, TN	1			
RODNEY PICKETT	DIRECTOR 1	0.	0.	0.
NASHVILLE, TN	1			
J.G. DE LACEY	TRUSTEE 1	0.	0.	0.
MT. JULIET, TN	1			
FARZIN FERDOWSI	DIRECTOR 1	0.	0.	0.
BRENTWOOD, TN	1			
TY OSMAN	DIRECTOR 1	0.	0.	0.
NASHVILLE, TN	1			
TIMOTHY VAUGHN	DIRECTOR 1	0.	0.	0.
NASHVILLE, TN	±			

# **FEDERAL STATEMENTS**

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GOODWILL INDUSTRIES OF MIDDLE TN, INC.

62-0599413

## STATEMENT 15 (CONTINUED) FORM 990, PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED		CONTRI- BUTION TO EBP & DC	ACCOUNT/
JOHN C. TISHLER	LEGAL COUNSEL	\$ 0	. \$ 0.	\$ 0.
NASHVILLE, TN	1			
EARL BEASLEY	DIRECTOR/TRUSTE	0	. 0.	0.
NASHVILLE, TN	1			
WILLIAM CAMMACK	DIRECTOR/TRUSTE	0	. 0.	0.
NASHVILLE, TN	1			
J.B. BAKER	DIRECTOR 1	0	. 0.	0.
NASHVILLE, TN	1			
RITA BENNETT	DIRECTOR 1	0	. 0.	0.
OLD HICKORY, TN	1			
DEBORAH Y. FAULKNER	DIRECTOR 1	0	. 0.	0.
NASHVILLE, TN	1			
KENNETH PADGITT	DIRECTOR 1	0	. 0.	0.
BRENTWOOD, TN	1			
ARMANDO RAMIREZ	DIRECTOR 1	0	. 0.	0.
NASHVILLE, TN	1			
JOHN STONE, III	VICE CHAIRMAN 1	0	. 0.	0.
NASHVILLE, TN	1			
DAVID VAN HOOSER	DIRECTOR 1	0	. 0.	0.
HENDERSONVILLE, TN	1			
JOHN VAN MOL	ADVISE DIRECTOR	0	. 0.	0.
NASHVILLE, TN	1			
L. HARDAWAY, JR.	DIRECTOR 1	0	. 0.	0.
NASHVILLE, TN	±			

# **FEDERAL STATEMENTS**

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GOODWILL INDUSTRIES OF MIDDLE TN, INC.

62-0599413

STATEMENT 15 (CONTINUED) FORM 990, PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOT			CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
DECOSTA E. JENKINS	DIRECTOR	\$	0. \$	0.	\$ 0.
NASHVILLE, TN	1				
	TO	TAL \$ 353	,041.	8,212.	\$ 0.

#### STATEMENT 16 FORM 990, PART VIII RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE #	EXPLANATION OF ACTIVITIES
93D	CONDUCT OF THE RETAIL PROGRAM PROVIDES TRAINING STATIONS USED TO PROVIDE WORK ADJUSTMENT, WORK EXPERIENCE, SKILL ACQUISITION, AND SHELTERED EMPLOYMENT FOR THE PERSONS WITH A VOCATIONAL DISABILITY OR DISADVANTAGE THROUGH THE PROCESSING AND SELLING OF DONATED MERCHANDISE.
93A,B	CONDUCT OF THE CONTRACTS PROGRAM PROVIDES TRAINING STATIONS USED TO PROVIDE WORK ADJUSTMENT, WORK EXPERIENCE, SKILL ACQUISITION, AND SHELTERED EMPLOYMENT FOR THE PERSONS WITH A VOCATIONAL DISABILITY OR DISADVANTAGE THROUGH THE PROVISIONS OF GOODS OR SERVICES ON A CONTRACTUAL BASIS TO PRIVATE BUSINESSES AND GOVERNMENT AGENCIES.
103B	MISCELLANEOUS INCOME USED TO SUPPORT THE EXEMPT PURPOSE OF THE ORGANIZATION.
93C	MANAGEMENT FEES FROM GOODWILL GOVERNMENT SERVICES, INC. (GGS) USED TO PROVIDE LIMITED ADMINISTRATIVE AND MANAGEMENT SERVICES TO GGS.