

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
GOODWILL IND OF THE SOUTHERN RIVERS INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
2601 CROSS COUNTRY DRIVE

City or town, state or province, country, and ZIP or foreign postal code
COLUMBUS, GA 31906

D Employer identification number
58-6035822

E Telephone number
(706) 256-1822

G Gross receipts \$ 25,612,348

F Name and address of principal officer
2601 CROSS COUNTRY DRIVE BLD A
COLUMBUS, GA 31906

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.GOODWILLSR.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1960

M State of legal domicile GA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE SCHEDULE 0

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	23
4 Number of independent voting members of the governing body (Part VI, line 1b)	23
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	1,311
6 Total number of volunteers (estimate if necessary)	66
7a Total unrelated business revenue from Part VIII, column (C), line 12	-24,009
7b Net unrelated business taxable income from Form 990-T, line 39	-24,009

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	294,023	306,925
9 Program service revenue (Part VIII, line 2g)	2,685,072	2,685,469
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	488,957	156,431
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,434,608	20,926,926
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	21,902,660	24,075,751

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	14,763,384	16,697,741
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,825,979	6,503,147
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	20,589,363	23,200,888
19 Revenue less expenses Subtract line 18 from line 12	1,313,297	874,863

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	17,886,691	19,639,164
21 Total liabilities (Part X, line 26)	3,344,263	3,830,042
22 Net assets or fund balances Subtract line 21 from line 20	14,542,428	15,809,122

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer: ***** Date: 2020-06-01

HENRY J WARDEN President & CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00621153
Firm's name ▶ Fountain Arrington Bass Mercer & Lee PC	Firm's EIN ▶ 58-1307612		Phone no (706) 322-5482	
Firm's address ▶ 2101 Brookstone Centre Parkway Suit Columbus, GA 31904				

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

SINCE 2006, GOODWILL OF THE SOUTHERN RIVERS (GOODWILLSR) HAS INTENSELY FOCUSED ON EXPANDING ITS MISSION TO SERVE MORE PEOPLE IN MORE COMMUNITIES WHEN WE BEGAN THIS JOURNEY, WE PROVIDED SERVICES IN FOUR FACILITIES IN COLUMBUS AND ALBANY, GEORGIA TODAY, INDIVIDUALS LIVING IN AND NEAR NEWNAN, ALBANY, CARROLLTON, COLUMBUS, AND VALDOSTA GEORGIA AS WELL AS AUBURN/PELKA AND PHENIX CITY, ALABAMA HAVE ACCESS TO SERVICES PROVIDED BY GOODWILLSR IN 13 FACILITIES OUR MISSION IS DEVELOPING PEOPLE, CHANGING LIVES, AND BUILDING COMMUNITIES OUR RETAIL STORES ARE FOUNDATIONAL TO OUR SUSTAINABILITY AND DELIVERY OF THE MISSION THROUGHOUT OUR 50-COUNTY TERRITORY IN GEORGIA AND ALABAMA THE SALE OF DONATED ITEMS YIELDS THE DOLLARS TO MAINTAIN THE STORE AND FUND MOST OF THE TRAINING, PLACEMENT AND FINANCIAL CLASSES WE OFFER THE TRAINING PROGRAMS OFFERED THROUGH OUR TRAINING CENTERS AND FREE CAREER SERVICES IN CAREER CENTERS THROUGHOUT OUR TERRITORY HELP EASE POVERTY AND UNEMPLOYMENT WHILE POSITIVELY IM

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 18,175,063 including grants of \$) (Revenue \$ 20,778,967)
See Additional Data

4b (Code) (Expenses \$ 4,584,921 including grants of \$) (Revenue \$ 1,188,544)
See Additional Data

4c (Code) (Expenses \$ 169,981 including grants of \$) (Revenue \$ 1,496,925)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 22,929,965

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		No
11c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		No
11d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting and compliance.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V []

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding IRS filings and gaming.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

<p>2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return</p>	<p>2a 1,311</p>		
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>	2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>	3a	Yes	
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>	3b	Yes	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>	4a		No
<p>b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>			
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>	5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>	5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>	5c		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>	6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>	6b		
<p>7 Organizations that may receive deductible contributions under section 170(c).</p>			
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>	7a		No
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>	7b		
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>	7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d	0	
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>	7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>	7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>	7g		No
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>	7h		No
<p>8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>	8		
<p>9 Sponsoring organizations maintaining donor advised funds.</p>			
<p>a Did the sponsoring organization make any taxable distributions under section 4966?</p>	9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>	9b		
<p>10 Section 501(c)(7) organizations. Enter</p>			
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a		
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b		
<p>11 Section 501(c)(12) organizations. Enter</p>			
<p>a Gross income from members or shareholders</p>	11a		
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b		
<p>12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?</p>			
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b		
<p>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</p>			
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>	13a		
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b		
<p>c Enter the amount of reserves on hand</p>	13c		
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>	14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>	14b		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>	15		No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>	16		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply; 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records.

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	306,925		
	g Noncash contributions included in lines 1a - 1f \$	1g			
h Total. Add lines 1a-1f		306,925			

Program Service Revenue			Business Code			
	2a MISSION SERVICES				1,188,544	1,188,544
b SALVAGE PROGRAM				1,496,925		1,496,925
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f.				2,685,469		

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			128,154			128,154	
	4 Income from investment of tax-exempt bond proceeds			0				
	5 Royalties			0				
	6a Gross rents	6a	(i) Real					
			(ii) Personal					
		b Less rental expenses	6b	243,402				
		c Rental income or (loss)	6c	267,411				
	d Net rental income or (loss)		-24,009				-24,009	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other					
		b Less cost or other basis and sales expenses	7b	821,463	476,000			
		c Gain or (loss)	7c	724,883	544,303			
	d Net gain or (loss)		96,580	-68,303			28,277	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	8a						
	b Less direct expenses	8b						
c Net income or (loss) from fundraising events						0		
9a Gross income from gaming activities See Part IV, line 19	9a							
	b Less direct expenses	9b						
c Net income or (loss) from gaming activities						0		
10a Gross sales of inventory, less returns and allowances	10a							
	b Less cost of goods sold	10b		20,778,967				
c Net income or (loss) from sales of inventory				20,778,967	20,778,967			
Miscellaneous Revenue	Business Code							
11a OTHER INCOME				171,968	171,968			
b								
c								
d All other revenue								
e Total. Add lines 11a-11d				171,968				
12 Total revenue. See instructions				24,075,751	22,167,756	-24,009	1,625,079	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	497,094	462,297	34,797	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	12,807,890	11,086,139	1,721,751	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	244,015	244,015		
9 Other employee benefits	2,190,736	1,723,064	467,672	
10 Payroll taxes	958,006	839,843	118,163	
11 Fees for services (non-employees)				
a Management	10,749		10,749	
b Legal	26,000	13,090	12,910	
c Accounting	27,400		27,400	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12 Advertising and promotion	281,524	281,152	372	
13 Office expenses	1,180,808	1,030,294	150,514	
14 Information technology	744,061	454,720	289,341	
15 Royalties	0			
16 Occupancy	5,462,497	5,270,392	192,105	
17 Travel	302,038	282,624	19,414	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	3,411		3,411	
21 Payments to affiliates	165,056		165,056	
22 Depreciation, depletion, and amortization	549,019	429,721	119,298	
23 Insurance	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CONTRACT SVC EXPENSE	165,281	155,264	10,017	
b TAXES AND LICENSES	88,759	86,776	1,983	
c EMPLOYEE RELATIONS	65,576	16,088	49,488	
d EQUIPMENT RENTAL	55,775	45,278	10,497	
e All other expenses	-2,624,807	509,208	-3,134,015	
25 Total functional expenses. Add lines 1 through 24e	23,200,888	22,929,965	270,923	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	6,327,947	1	7,759,591
	2 Savings and temporary cash investments		2	0
	3 Pledges and grants receivable, net		3	0
	4 Accounts receivable, net	691,560	4	668,356
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	0
	7 Notes and loans receivable, net		7	0
	8 Inventories for sale or use	1,408,084	8	1,583,228
	9 Prepaid expenses and deferred charges	174,232	9	185,063
	10a Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D	10a 15,107,171		
	b Less accumulated depreciation	10b 9,898,117	5,554,266	10c 5,209,054
	11 Investments—publicly traded securities	3,642,130	11	3,694,962
	12 Investments—other securities—See Part IV, line 11		12	0
	13 Investments—program-related—See Part IV, line 11		13	0
	14 Intangible assets		14	0
	15 Other assets—See Part IV, line 11	88,472	15	538,910
16 Total assets. Add lines 1 through 15 (must equal line 34)	17,886,691	16	19,639,164	
Liabilities	17 Accounts payable and accrued expenses	220,898	17	612,070
	18 Grants payable		18	
	19 Deferred revenue	1,160,066	19	1,070,585
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability—Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	234,431	23	101,590
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24)—Complete Part X of Schedule D	1,728,868	25	2,045,797
	26 Total liabilities. Add lines 17 through 25	3,344,263	26	3,830,042
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	14,542,428	27	15,809,122
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	14,542,428	32	15,809,122	
33 Total liabilities and net assets/fund balances	17,886,691	33	19,639,164	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,075,751
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,200,888
3	Revenue less expenses Subtract line 2 from line 1	3	874,863
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,542,428
5	Net unrealized gains (losses) on investments	5	363,770
6	Donated services and use of facilities	6	
7	Investment expenses	7	-33,291
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	61,352
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,809,122

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID: 19009920

Software Version: 2019v5.0

EIN: 58-6035822

Name: GOODWILL IND OF THE SOUTHERN
RIVERS INC

Form 990 (2019)

Form 990, Part III, Line 4a:

THE SALE OF GENTLY USED DONATIONS IS THE PRIMARY SOURCE THROUGH WHICH GOODWILLSR FUNDS ITS SERVICES. THESE SALES REPRESENT NEARLY 85% OF GROSS REVENUE. DURING 2019, THE ORGANIZATION PROVIDED EMPLOYMENT OPPORTUNITIES FOR 246 INDIVIDUALS THROUGH ITS RETAIL OPERATIONS. ADDITIONALLY, EIGHT RETAIL LOCATIONS PROVIDED MISSION RELATED SERVICES ON SITE RESULTING IN 31,136 PEOPLE SERVED AND 3,884 JOB CONNECTIONS. IN ADDITION TO THE STORE LOCATIONS, GOODWILLSR HAD 20 DONATION SITES LOCATED THROUGHOUT THE 50-COUNTY TERRITORY IN GEORGIA AND ALABAMA. GOODWILLSR COLLECTED AND RECYCLED MORE THAN 8.9 MILLION POUNDS OF GENTLY USED HOUSEHOLD GOODS FROM 430,085 DONORS, PREVENTING THESE ITEMS FROM BECOMING TRASH IN COMMUNITY LANDFILLS. MORE INFORMATION ON GOODWILLSR'S ACCOMPLISHMENTS, ARE LOCATED THROUGHOUT OUR WEBSITE AT WWW.GOODWILLSR.ORG

Form 990, Part III, Line 4b:

DURING 2019, MISSION SERVICES AIDED 31,136 INDIVIDUALS AND MADE 3,884 JOB CONNECTIONS, GENERATING AN ECONOMIC IMPACT FOR OUR COMMUNITIES AND COUNTIES OF APPROXIMATELY \$181 MILLION IN GEORGIA AND ALABAMA THE ORGANIZATION ASSISTED INDIVIDUALS WITH DISABILITIES AND OTHER DISADVANTAGES THROUGH A HOST OF SERVICES LOCATED IN GOODWILLSR CAREER CENTERS AND TRAINING FACILITIES INCLUDING WORK EVALUATION, WORK ADJUSTMENT, SUPPORTED EMPLOYMENT, WORK EXPERIENCE, CUSTODIAL TRAINING AND CERTIFICATION, RETAIL TRAINING AND CERTIFICATION, SUMMER ENRICHMENT, GED PREPARATION AND TEST FUNDING, ENGLISH LANGUAGE LEARNER CLASSES, IN-SCHOOL SUPPORTS, COMMUNITY VOUCHERS, POST-SECONDARY EDUCATIONAL SUPPORTS, RESTAURANT FOOD SERVICE TRAINING AND CERTIFICATION, AND RETURNING CITIZENS TRAINING ALL PROGRAMS AND SERVICES ARE PROVIDED AT NO COST TO THE CLIENT THROUGH A COMBINATION OF FUNDERS AND GRANTS RESPONDING TO AN INCREASING HISPANIC POPULATION IN THE TERRITORY, GOODWILLSR HISPANIC SERVICES PROGRAM OFFERS FREE SERVICES BASED ON THE UNIQUE CHALLENGES OF THE HISPANIC COMMUNITY, WITH BILINGUAL CAREER CENTERS LOCATED IN COLUMBUS, NEWNAN AND VALDOSTA GEORGIA HISPANIC SERVICES AIDED 2,218 CLIENTS IN 2019 PROGRAMS INCLUDE BILINGUAL WORKSHOPS, JOB FAIRS, AND ENGLISH AS A SECOND LANGUAGE (ESL) CLASSES THE PROGRAM ALSO ENGAGES PARTNERSHIPS WITH LOCAL AGENCIES, SCHOOL DISTRICTS, AND ORGANIZATIONS TO REACH THE HISPANIC COMMUNITY THE HISPANIC YOUTH PROGRAM FOR EMPLOYMENT (HYPE) ENCOURAGES HIGH SCHOOL-AGED STUDENTS TO FINISH SCHOOL WHILE PREPARING THEM FOR THE WORKFORCE THE GOAL OF HYPE IS TO HELP DECREASE THE NUMBER OF HISPANIC STUDENTS DROPPING OUT OF HIGH SCHOOL, WHICH IS HIGHER THAN ANY OTHER RACIAL OR ETHNIC GROUP NATIONWIDE IN 2010, GOODWILLSR BEGAN OFFERING FREE TAX PREPARATION SERVICES FOR FAMILIES AND INDIVIDUALS WHO MET CERTAIN INCOME REQUIREMENTS THROUGH AN IRS SPONSORED GRANT CALLED VOLUNTEER INCOME TAX ASSISTANCE, OR VITA IN 2019, GOODWILLSR SERVED 4,576 CLIENTS RESULTING IN REFUNDS THAT SURPASSED \$5 MILLION TO LEARN MORE ABOUT GOODWILLSR ACCOMPLISHMENTS, PLEASE VISIT US AT WWW.GOODWILLSR.ORG

Form 990, Part III, Line 4c:

GOODWILLSR RECEIVES A LARGE VOLUME OF DONATED GOODS, AND SOME OF THESE GOODS DO NOT MEET THE STANDARDS OF SALEABILITY IN A GOODWILL RETAIL LOCATION. GOODWILL PACKAGES THESE ITEMS AND SELLS THEM THROUGH THE SALVAGE COMMODITY MARKET. DURING 2019, GOODWILL SAVED 8.9 MILLION POUNDS OF REFUSE FROM LANDFILLS.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HENRY WALDEN President & CEO	55 00 0 00			X				299,254	0	32,182
TERRY REIS VP FINANCE & IT	45 00 0 00			X				197,840	0	28,477
JOEL GROSSMAN VP OF OPERATIONS	45 00 0 00							195,413	0	16,793
TRICIA LLEWLLYN KONAN VP OF MISSION SERVICES	45 00 0 00							179,894	0	16,055
AUDREY HOLLINGSWORTH V P OF PEOPLE SERVICES	45 00 0 00							153,458	0	13,110
JULIE BENNETT DIRECTOR OF COMMUNICATION	45 00 0 00							148,758	0	8,112
TARA SMITH DIRECTOR OF ACCOUNTING SERVICES	45 00 0 00							114,155	0	15,012
ELAINE JORDAN Director	1 00 0 00	X		X				0	0	0
WAYNE JOINER Director	1 00 0 00	X						0	0	0
REGGIE LEWIS Secretary	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LEN WILLIAMS Director	1 00 0 00	X		X				0	0	0
JOEY LOUDERMILK Director	1 00 0 00	X						0	0	0
JACKI LOWE Director	1 00 0 00	X		X				0	0	0
RICHARD YOUNG Treasurer	1 00 0 00	X		X				0	0	0
TOM MCDANIEL CHAIR	1 00 0 00	X						0	0	0
JOHN CREECH Director	1 00 0 00	X						0	0	0
HELENA COATES VICE CHAIR	1 00 0 00	X						0	0	0
THOMAS MCDONALD Director	1 00 0 00	X						0	0	0
SAM HALL Director	1 00 0 00	X						0	0	0
DAPHNE HILL Director	1 00 0 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LORETTA HOOVER Director	1 00 0 00	X						0	0	0
GARY JONES Director	1 00 0 00	X						0	0	0
WEEZIE RINGO MATZEL Director	1 00 0 00	X						0	0	0
KENYADA HEARD Director	1 00 0 00	X						0	0	0
SHARON SANDERS Director	1 00 0 00	X						0	0	0
NANCY BOREN Director	1 00 0 00	X						0	0	0
OLIVER BANTA Director	1 00 0 00	X						0	0	0
APRIL HOPSON Director	1 00 0 00	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

GOODWILL IND OF THE SOUTHERN RIVERS INC

Employer identification number

58-6035822

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Do not include gain or loss from the sale of capital assets (Explain in Part VI))						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,794,834	1,099,927	400,720	294,023	306,925	3,896,429
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	16,159,125	16,629,111	16,987,162	18,353,977	20,778,967	88,908,342
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 Total. Add lines 1 through 5	17,953,959	17,729,038	17,387,882	18,648,000	21,085,892	92,804,771
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						92,804,771

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6	17,953,959	17,729,038	17,387,882	18,648,000	21,085,892	92,804,771
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	105,128	107,488	111,635	116,508	128,154	568,913
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	105,128	107,488	111,635	116,508	128,154	568,913
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	18,059,087	17,836,526	17,499,517	18,764,508	21,214,046	93,373,684
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	99.390%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	99.340%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0.610%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	0.660%

- 19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶
- b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ▶

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
		11a	
		11b	
		11c	

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
		1	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
		2	

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
		1	

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
		1	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
		2	
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		3	

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
		2a	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
		2b	
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
		3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2020. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID: 19009920

Software Version: 2019v5.0

EIN: 58-6035822

Name: GOODWILL IND OF THE SOUTHERN
RIVERS INC

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization GOODWILL IND OF THE SOUTHERN RIVERS INC

Employer identification number 58-6035822

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate value of contributions, aggregate value of grants, and aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

Table for lines 2a-2d: Held at the End of the Year. Columns: Line number, Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
(ii) Revenue included on Form 990, Part VIII, line 1
(ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items
a Revenue included on Form 990, Part VIII, line 1
b Assets included in Form 990, Part X

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

b If "Yes," explain the arrangement in Part XIII and complete the following table

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶
- c** Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%

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

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,436,146		2,436,146
b Buildings		2,209,930	1,866,972	342,958
c Leasehold improvements		2,803,952	1,882,657	921,295
d Equipment		6,134,284	4,787,172	1,347,112
e Other		1,522,859	1,361,316	161,543
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				5,209,054

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	2,045,797

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	24,734,993
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	363,770
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	328,763
e	Add lines 2a through 2d	2e	692,533
3	Subtract line 2e from line 1	3	24,042,460
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	33,291
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	33,291
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	24,075,751

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	22,933,477
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	22,933,477
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	267,411
c	Add lines 4a and 4b	4c	267,411
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	23,200,888

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 19009920
Software Version: 2019v5.0
EIN: 58-6035822
Name: GOODWILL IND OF THE SOUTHERN
RIVERS INC

Supplemental Information

Return Reference	Explanation
Part X FIN48 Footnote	THE ORGANIZATION'S EVALUATION AT DECEMBER 31, 2019, REVEALED NO UNCERTAIN TAX POSITIONS THAT WOULD HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS THE 2016 THROUGH 2018 TAX YEARS REMAIN SUBJECT TO EXAMINATION BY THE IRS IN ADDITION, THE 2016 THROUGH 2018 TAX YEARS REMAIN SUBJECT TO EXAMINATION BY THE STATE OF GEORGIA THE ORGANIZATION DOES NOT BELIEVE THAT ANY REASONABLY POSSIBLE CHANGES WILL OCCUR WITHIN THE NEXT TWELVE MONTHS THAT WILL HAVE A MATERIAL IMPACT ON THE FINANCIAL STATEMENTS

Supplemental Information

Return Reference	Explanation
Part XI, Line 2d Other revenue amounts included in F/S but not included on form 990	DEFERRED REVENUE EARNED IN CURRENT YEAR \$61352 RENTAL EXPENSES \$267411

Supplemental Information

Return Reference	Explanation
Part XII, Line 4b Other revenue amounts included on 990 but not included in F/S	RENTAL EXPENSES \$267411

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
GOODWILL IND OF THE SOUTHERN
RIVERS INC

Employer identification number
58-6035822

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

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

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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

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

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

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

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

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 AUDREY HOLLINGSWORTH VP OF PEOPLE SERVICES	(i)	141,573	11,885		6,112	6,998	166,568	
	(ii)	-----	-----	-----	-----	-----	-----	-----
2 HENRY WALDEN President & CEO	(i)	243,058	53,546	2,650	12,254	19,928	331,436	
	(ii)	-----	-----	-----	-----	-----	-----	-----
3 JOEL GROSSMAN VP OF OPERATIONS	(i)	154,042	41,371		8,522	8,271	212,206	
	(ii)	-----	-----	-----	-----	-----	-----	-----
4 JULIE BENNETT DIRECTOR OF COMMUNICATION	(i)	126,827	21,931			8,112	156,870	
	(ii)	-----	-----	-----	-----	-----	-----	-----
5 TERRY REIS VP FINANCE & IT	(i)	145,041	52,799		8,522	19,955	226,317	
	(ii)	-----	-----	-----	-----	-----	-----	-----
6 TRICIA LLEWELLYN KONAN VP OF MISSION SERVICES	(i)	141,572	38,322		7,894	8,161	195,949	
	(ii)	-----	-----	-----	-----	-----	-----	-----

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 1a Relevant information in regards to selections on 1a	
Part II, Compensation from Unrelated Organizations	KEY EMPLOYEES RECEIVED NO DIRECT COMPENSATION FROM ANY UNRELATED OR RELATED ORGANIZATIONS
Part III, Additional Information	THE COMPENSATION COMMITTEE IS RESPONSIBLE FOR SETTING COMPENSATION LEVELS FOR DISQUALIFIED TEAM MEMBERS AS DEFINED BY THE IRS. THESE LEVELS ARE BASED UPON THE COMPENSATION PHILOSOPHY ADOPTED, TWO THIRD-PARTY SALARY AND COMPENSATION SURVEYS, GOODWILL INDUSTRIES INTERNATIONAL RESOURCES, AND THE KNOWLEDGE AND EXPERIENCE OF THE COMMITTEE MEMBERS. TO FAIRLY COMPENSATE THESE KEY TEAM MEMBERS, THE COMMITTEE CONSIDERS THE FACT THAT THESE KEY TEAM MEMBERS HAVE RESPONSIBILITIES FOR MULTIPLE ENTITIES TO INCLUDE COLUMBUS COMMUNITY CAMPUS, GOODWILL INDUSTRIES OF THE SOUTHERN RIVERS (GOODWILLSR), AND POWERWORKS INDUSTRIES, INC (PWI) COLLECTIVELY THESE ENTITIES REPRESENT MORE THAN 600 TEAM MEMBERS AND GENERATE AN ANNUAL BUDGET OF NEARLY \$30.0 MILLION WHILE SERVING MORE THAN 31,136 PEOPLE AND MAKING 3,884 JOB CONNECTIONS IN THE COMMUNITY. THE LEVEL OF EXPERTISE REQUIRED TO MANAGE MULTIPLE ENTITIES TO ACCEPTABLE PERFORMANCE LEVELS IS CRITICAL TO THE SUSTAINED SUCCESS OF THE ORGANIZATION AND ITS IMPACT ON THE COMMUNITIES WE SERVE. THESE KEY TEAM MEMBERS ARE COMPENSATED WITH ONE SALARY FROM GOODWILLSR, AND DO NOT RECEIVE PAY FROM BOTH GOODWILLSR AND PWI.

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) POWER WORKS INDUSTRIES INC	COMMON BOARD	5,502,047	MGMT FEES & EXPENSE REIMB		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization
GOODWILL IND OF THE SOUTHERN RIVERS INC

Employer identification number
58-6035822

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		1,030,509	RESALE VALUE
5 Clothing and household goods	X		19,748,458	RESALE VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29	
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30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31		No
32a		No

b If "Yes," describe the arrangement in Part II

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

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

b If "Yes," describe in Part II

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

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

GOODWILL IND OF THE SOUTHERN RIVERS INC

Employer identification number

58-6035822

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Form 990 Review Process	DRAFT COPIES OF THE ANNUAL 990 ARE PROVIDED TO THE AUDIT COMMITTEE FOR REVIEW OF FINANCIAL DATA AND ALL NARRATIVE INFORMATION FINAL 990'S ARE AVAILABLE ON THE GOODWILL INDUSTRIES OF THE SOUTHERN RIVERS, INC (GOODWILLSR) WEB SITE AT WWW GOODWILLSR ORG ALONG WITH AUDITED FINANCIALS AND OTHER OUTCOMES

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	ALL TEAM MEMBERS ARE REQUIRED TO INFORM MANAGEMENT OF ANY KNOWN CONFLICTS OF INTEREST AUDITORS CONDUCT TEAM MEMBER INQUIRIES DURING THE COURSE OF THE ANNUAL AUDIT ANY ISSUES ARE REVIEWED AND DISCUSSED WITH VARIOUS MEMBERS OF MANAGEMENT ANNUALLY, MEMBERS OF THE GOODWILLSR BOARD OF DIRECTORS DECLARE IF THEY HAVE ANY KNOWN CONFLICTS OF INTEREST IF ANY CONFLICTS OF INTEREST HAVE BEEN DECLARED, A REPORT DETAILING SUCH CONFLICT IS SUBMITTED TO THE BOARD OF DIRECTORS AND REVIEWED IF A BOARD MEMBER HAS A CONFLICT OF INTEREST THAT IS BEING DISCUSSED, HE OR SHE ABSTAINS FROM VOTING ON THE ISSUE GOODWILLSR IS ALSO COMMITTED TO ENSURING THAT AN ENVIRONMENT EXISTS FOR TEAM MEMBERS TO REPORT SUSPECTED VIOLATIONS OF THE LAW OR FRAUD GOODWILLSR HAS SET UP A MECHANISM TO ENSURE THAT COMPLAINTS ARE INVESTIGATED IN A TIMELY MANNER AND THE EMPLOYEE BRINGING A COMPLAINT IS FREE FROM RETALIATION IN ACCORDANCE WITH THE WHISTLEBLOWER PROVISIONS OF THE SARBANES-OXLEY ACT TEAM MEMBERS MAY FILE A COMPLAINT WITH THE COMPLIANCE OFFICER OR CALL THE WHISTLEBLOWER HOTLINE FOR THE COMPLAINT TO BE INVESTIGATED AND ADDRESSED AT THE CONCLUSION OF ANY PROCEEDING, THE OUTCOME WILL BE COMMUNICATED TO THE INDIVIDUAL BRINGING THE COMPLAINT

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	EACH MAY, THE COMPENSATION COMMITTEE REVIEWS THE PERFORMANCE OF THE PRESIDENT AND CEO THE CEO PERFORMANCE IS BASED ON MISSION AND FINANCIAL OUTCOMES AS DEFINED BY THREE FACTORS BOARD DETERMINED STRATEGIC INITIATIVES, LEADERSHIP EFFECTIVENESS AND ANNUAL EXTERNAL AUDIT RESULTS IN CONJUNCTION WITH THE PERFORMANCE REVIEW PROCESS, THE ORGANIZATION USES SEVERAL OUTSIDE RESOURCES AS A BASIS OF COMPENSATION COMPARISONS, TO INCLUDE AT LEAST ONE UNRELATED COMPENSATION SURVEY AND GOODWILL INDUSTRIES INTERNATIONAL SURVEY THESE SURVEYS ARE CONDUCTED ANNUALLY FOR CEO'S AND SENIOR TEAM MEMBERS AND ARE RANKED BY REVENUE SIZE EVERY TWO YEARS THE ORGANIZATION ENGAGES AN EXTERNAL PROFESSIONAL ORGANIZATION TO PERFORM A DETAILED GOODWILLSR SPECIFIC COMPENSATION SURVEY AS WELL IN 2019, GOODWILLSR SELECTED MERCER TO CONDUCT THE COMPENSATION STUDY FOR NON-DISQUALIFIED LEADERSHIP AND TWO ADDITIONAL DIRECTOR POSITIONS THE NEXT COMPENSATION STUDY WILL TAKE PLACE IN 2021

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	THE GOODWILLSR COMPENSATION COMMITTEE HAS A SPECIFIC COMPENSATION PHILOSOPHY FOR THE ORGANIZATION THE COMPENSATION COMMITTEE, THROUGH THE CEO, IS RESPONSIBLE FOR CARRYING OUT THE PHILOSOPHY WITH TEAM MEMBERS THE COMMITTEE MEETS AT LEAST FOUR TIMES PER YEAR THEY MEET ONCE IN THE FALL TO REVIEW THE PROPOSED BUDGET FOR THE UPCOMING YEAR, INCLUDING PAY INCREASES AND INCENTIVE POOLS BUDGETED FOR TEAM MEMBERS, INCENTIVE PLAN GOALS AND RETIREMENT CONTRIBUTION AMOUNTS AND OTHER COMPENSATION, WHICH MAY INCLUDE AUTOMOBILE ALLOWANCES AMONG OTHER THINGS THEY MEET AGAIN IN JANUARY TO REVIEW THE PRIOR YEAR'S PERFORMANCE AND APPROVE ANY INCENTIVE PAYOUTS THE COMMITTEE ALSO CONVENES PRIOR TO APRIL 1ST OF EACH YEAR TO REVIEW THE OVERALL PAY INCREASE AVERAGES FOR NON-EXECUTIVE TEAM MEMBERS AND DISQUALIFIED TEAM MEMBERS REPORTING TO THE PRESIDENT AND CEO, AND ONCE MORE IN MAY/JUNE FOR PERFORMANCE EVALUATION OF THE CEO

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	DISCLOSURE OF NON CONFIDENTIAL GOVERNING DOCUMENTS IS AVAILABLE TO THE GENERAL PUBLIC AT WWW GOODWILLSR ORG THESE DOCUMENTS CONSISTS OF AUDITED FINANCIAL STATEMENTS, ANNUAL 990'S AND OTHER OUTCOMES THAT ALLOWS READERS, STAKEHOLDERS, AND THE GENERAL PUBLIC TO MAKE INFORMED DECISIONS ABOUT THE CHARITABLE CAUSES AND PERFORMANCE OF GOODWILLSR THE ANNUAL REPORT CAN BE FOUND ON THE GOODWILLSR WEBSITE, WWW GOODWILLSR ORG/PARTNER-RELATIONS/ANNUAL-REPORTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Changes In Net Assets Or Fund Balances - Other Increases	INSTALLMENT SALE INCOME = \$61352

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2019

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
GOODWILL IND OF THE SOUTHERN
RIVERS INC

Employer identification number

58-6035822

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
(1)POWER WORKS INDUSTRIES INC 2601 CROSS COUNTRY DRIVE BLDG A COLUMBUS, GA 31906 58-2267548	CUSTODIAL/GROUND SVCS UNDER FED CONTRACT	GA	501(C) (3)	TYPE 1	NA		No

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) POWER WORKS INDUSTRIES INC	l	2,876,357	COST
(2) POWER WORKS INDUSTRIES INC	o	1,565,290	COST
(3) POWER WORKS INDUSTRIES INC	q	1,060,400	COST

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
TRANSACTIONS WITH POWER WORKS INDUSTRIES	GOODWILL OF THE SOUTHERN RIVERS HAS A MANAGEMENT CONTRACT WITH POWER WORKS INDUSTRIES (PWI) THE TERMS OF THIS CONTRACT REQUIRES PWI TO PAY A MANAGEMENT FEE AND TO REIMBURSE ANY DIRECTLY IDENTIFIABLE EXPENSE INCURRED ON ITS BEHALF IN ADDITION, THE CONTRACT REQUIRES A PAYMENT EQUAL TO 75% OF NET INCOME AFTER DEPRECIATION AND MANAGEMENT FEES

Schedule Form 2020