

Form 990

Return of Organization Exempt From Income Tax

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

2007

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

B Check if applicable: C Name of organization: GOODWILL INDUSTRIES OF SOUTHEASTERN LOUISIANA, INC. D Employer identification number: 72-0546906

G Website: HTTP://WWW.GOODWILLNO.ORG/ H(a) Is this a group return for affiliates? H(b) If "Yes," enter number of affiliates

J Organization type: 501(c)(3) H(c) Are all affiliates included? H(d) Is this a separate return filed by an organization covered by a group ruling?

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 23,417,665. M Check if the organization is not required to attach Sch. B

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

**GOODWILL INDUSTRIES
OF SOUTHEASTERN LOUISIANA, INC.**

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Part II Statement of Functional Expenses

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule) STATEMENT 4	2,203,800.	2,203,800.		
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	587,787.	258,596.	329,191.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	7,565,361.	7,061,705.	503,656.	
27 Pension plan contributions not included on lines 25a, b, and c				
28 Employee benefits not included on lines 25a - 27	228,067.	171,066.	57,001.	
29 Payroll taxes	685,675.	627,057.	58,618.	
30 Professional fundraising fees				
31 Accounting fees				
32 Legal fees				
33 Supplies	176,334.	124,446.	51,888.	
34 Telephone	151,931.	131,660.	20,271.	
35 Postage and shipping	40,914.	32,744.	8,170.	
36 Occupancy	2,019,966.	1,943,317.	76,649.	
37 Equipment rental and maintenance	240,622.	228,186.	12,436.	
38 Printing and publications	62,219.	36,836.	25,383.	
39 Travel	166,894.	151,733.	15,161.	
40 Conferences, conventions, and meetings				
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	191,063.	159,476.	31,587.	
43 Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g SEE STATEMENT 3	1,688,368.	1,487,913.	200,455.	
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	16,009,001.	14,618,535.	1,390,466.	0.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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OF SOUTHEASTERN LOUISIANA, INC.**

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Part III Statement of Program Service Accomplishments (See the instructions.)

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 5	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a RETAIL STORES: PROVIDES WORK EXPERIENCE OPPORTUNITIES IN CASHIERING, RETAIL SALES AND JANITORIAL ACTIVITIES FOR DISABLED AND DISADVANTAGED INDIVIDUALS. 248 PERSONS WERE HELPED IN 2007.	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	6,068,115.
b JANITORIAL: TRAINS PEOPLE WITH DISABILTIES AND VOCATIONALLY DISADVANTAGED CONDITIONS TO DEVELOP SKILLS AND GOOD WORK HABITS. 52 PERSONS SERVED IN 2007.	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	778,747.
c VOCATIONAL TRAINING: PROVIDES EMPLOYMENT AND TRAINING TO PERSONS WITH DISABILTIES AND DISADVANTAGED VOCATIONAL CONDITIONS. 10,430 PERSONS WERE HELPED BY THE PROGRAM IN 2007.	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	7,771,673.
d	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule)	
(Grants and allocations \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	14,618,535.

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	3,436,259.	45	4,793,912.
	46 Savings and temporary cash investments		46	
	47 a Accounts receivable	2,946,321.		
	b Less: allowance for doubtful accounts		47c	
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts		48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable			
	b Less: allowance for doubtful accounts		51c	
	52 Inventories for sale or use	229,939.	52	292,023.
	53 Prepaid expenses and deferred charges	558,953.	53	229,416.
	54 a Investments - publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a	
	b Investments - other securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b	
	55 a Investments - land, buildings, and equipment: basis			
	b Less: accumulated depreciation		55c	
	56 Investments - other		56	
57 a Land, buildings, and equipment: basis	3,582,914.			
b Less: accumulated depreciation STMT 6	1,428,104.	2,145,851.	57c	2,154,810.
58 Other assets, including program-related investments (describe ▶ SEE STATEMENT 7)	121,299.	58	231,127.	
59 Total assets (must equal line 74). Add lines 45 through 58	7,965,862.	59	10,647,609.	
Liabilities	60 Accounts payable and accrued expenses	1,204,295.	60	1,201,781.
	61 Grants payable		61	
	62 Deferred revenue	1,691,090.	62	17,160.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 8	1,428,562.	64b	1,378,180.
	65 Other liabilities (describe ▶)		65	
66 Total liabilities. Add lines 60 through 65	4,323,947.	66	2,597,121.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	2,991,704.	67	7,400,277.
	68 Temporarily restricted	650,211.	68	650,211.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	3,641,915.	73	8,050,488.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	7,965,862.	74	10,647,609.	

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Part VI Other Information <i>(continued)</i>		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
	N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
	N/A		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
	N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
	N/A		
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
	N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
	N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
	N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0. ; section 4912 0. ; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
	0.		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
	0.		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed NONE		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	444
91 a	The books are in care of GOODWILL INDUSTRIES Telephone no. 504-456-2622 Located at 4200 SOUTH I-10 SERVICE RD. WEST. #223, METAIRIE ZIP + 4 70001		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X
	If "Yes," enter the name of the foreign country N/A		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		

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Part VI	Other Information (continued)		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country N/A				
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/>		92		N/A
and enter the amount of tax-exempt interest received or accrued during the tax year				

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a <u>SALVAGE</u>					510,200.
b <u>JANITORIAL CONTRACTS</u>					689,452.
c <u>VOCATIONAL TRAINING FEE</u>					144,378.
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies ...					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments ...			14	48,341.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory			05	4,116,253.	
103 Other revenue:					
a <u>MISCELLANEOUS INCOME</u>					35,809.
b <u>FEE INC FROM AFFILIATE</u>					392,994.
c <u>HURRICANE KATRINA</u>					
d <u>INSURANCE PROCEEDS</u>			01	3,370,161.	
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		7,534,755.	1,772,833.
105 Total (add line 104, columns (B), (D), and (E))					9,307,588.

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

Part VIII	Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)
Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	<u>SEE STATEMENT 11</u>

Part IX	Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)			
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X	Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)
(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).	

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here	Signature of officer _____ JODEE DAROCA, CFO Type or print name and title	Date _____	
Paid Preparer's Use Only	Preparer's signature _____ Firm's name (or yours if self-employed), address, and ZIP + 4 LAPORTE, SEHRT, ROMIG & HAND 110 VETERANS MEMORIAL BLVD., SUITE 200 METAIRIE, LA 70005-4958	Date _____ Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) _____ EIN _____ Phone no. (504) 835-5522

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization	GOODWILL INDUSTRIES OF SOUTHEASTERN LOUISIANA, INC.	Employer identification number	72 0546906
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ANGELA CRYER 4200 SOUTH I-10 SERVICE RD. WEST #223	CAREER SVC COORDINAT 40.00	75,075.	3,948.	
KATHY VOITIER 4200 SOUTH I-10 SERVICE RD. WEST #223	CONTROLLER 40.00	70,100.	4,048.	
CYNTHIA GREER 4200 SOUTH I-10 SERVICE RD. WEST #223	PUBLIC RELATIONS DIR 40.00	65,483.	7,023.	
FRANCES WILLIAMSON 4200 SOUTH I-10 SERVICE RD. WEST #223	HUMAN RESOURCE DIR 40.00	62,927.	3,697.	
DAVID JONES, JR. 4200 SOUTH I-10 SERVICE RD. WEST #223	YOUTH COORDINATOR 40.00	55,851.	3,447.	
Total number of other employees paid over \$50,000	▶ 3			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
EUSTIS INSURANCE 1340 POYDRAS ST. STE. 1900, NEW ORLEANS, LA 70112	PROPERTY INSURANCE	416,872.
BLUE CROSS BLUE SHIELD OF LA P.O. BOX 98029, BATON ROUGE, LA 70898	MEDICAL INSURANCE	295,626.
LOUISIANA WORKER'S COMPENSATION CORPORATION 2237 SOUTH ACADIAN THRUWAY, BATON ROUGE, LA 70808	WORKERS COMP INSURANCE	247,576.
Total number of others receiving over \$50,000 for professional services	▶ 0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
OUR LADY OF THE LAKE COLLEGE 144 ELK PLACE STE 1616, NEW ORLEANS, LA 70112	CLIENT TRAINING	270,184.
COASTAL COLLEGE 4016 CANAL STREET, NEW ORLEANS, LA 70119	CLIENT TRAINING SITE	242,385.
UNIVERSITY OF NEW ORLEANS AD 112 LAKEFRONT, NEW ORLEANS, LA 70148	CLIENT TRAINING SITE	218,330.
DRYADES YMCA 1829 CARONDELET STREET, NEW ORLEANS, LA 70113	CLIENT TRAINING SITE	196,860.
JEFFERSON PARISH 1221 ELMWOOD PK BLVD STE 304, NEW ORLEANS, LA 701	CLIENT TRAINING	154,337.
Total number of other contractors receiving over \$50,000 for other services	▶ 0	

GOODWILL INDUSTRIES

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities? SEE STATEMENT 12	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE STATEMENT 13	2d	X
e	Transfer of any part of its income or assets?	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a	X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

GOODWILL INDUSTRIES

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	11,238,026.	7,765,484.	7,803,430.	8,461,715.	35,268,655.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	6,567,833.	7,463,831.	8,501,459.	7,818,179.	30,351,302.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	33,109.	23,330.	4,453.	3,437.	64,329.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	460,950.	483,373.	SEE STATEMENT 14 487,262.	525,687.	1,957,272.
23 Total of lines 15 through 22	18,299,918.	15,736,018.	16,796,604.	16,809,018.	67,641,558.
24 Line 23 minus line 17	11,732,085.	8,272,187.	8,295,145.	8,990,839.	37,290,256.
25 Enter 1% of line 23	182,999.	157,360.	167,966.	168,090.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 745,805.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 37,290,256.
d Add: Amounts from column (e) for lines: 18 <u>64,329.</u> 19 _____ 22 <u>1,957,272.</u> 26b _____					26d 2,021,601.
e Public support (line 26c minus line 26d total)					26e 35,268,655.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 94.5787%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2007

GOODWILL INDUSTRIES

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h .)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h .)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

Table with 3 columns: Question, Yes, No. Rows include 51a(i) Cash, a(ii) Other assets, b(i) Sales or exchanges of assets, b(ii) Purchases of assets, b(iii) Rental of facilities, b(iv) Reimbursement arrangements, b(v) Loans or loan guarantees, b(vi) Performance of services, and c Sharing of facilities.

- (i) Cash
(ii) Other assets
b Other transactions:
(i) Sales or exchanges of assets with a noncharitable exempt organization
(ii) Purchases of assets from a noncharitable exempt organization
(iii) Rental of facilities, equipment, or other assets
(iv) Reimbursement arrangements
(v) Loans or loan guarantees
(vi) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements.

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule: N/A

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LAND	VARIABLE	SL			764,312.			764,312.			0.
2	TOTAL FIXED ASSETS - DETAILS AVAILABLE UPON * TOTAL 990 PAGE 2 DEPR	VARIABLE	200DB	7.00	17	2818602.			2818602.	1237041.		191,063.
						3582914.		0.	3582914.	1237041.	0.	191,063.

FORM 990

INCOME AND COST OF GOODS SOLD
INCLUDED ON PART I, LINE 10

STATEMENT 1

INCOME

1. GROSS RECEIPTS	7,116,344	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		7,116,344
4. COST OF GOODS SOLD (LINE 13)	3,000,091	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		4,116,253

COST OF GOODS SOLD

6. INVENTORY AT BEGINNING OF YEAR	229,939	
7. MERCHANDISE PURCHASED		
8. COST OF LABOR		
9. MATERIALS AND SUPPLIES		
10. OTHER COSTS	3,062,175	
11. ADD LINES 6 THROUGH 10		3,292,114
12. INVENTORY AT END OF YEAR	292,023	
13. COST OF GOODS SOLD (LINE 11 LESS LINE 12).		3,000,091

COPY

FORM 990 COST OF GOODS SOLD - OTHER COSTS STATEMENT 2

DESCRIPTION	AMOUNT
GOODS DONATED	3,062,175.
TOTAL INCLUDED ON FORM 990, PART I, LINE 10B	3,062,175.

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
JANITORIAL SUPPLIES	83,823.	83,823.		
PRODUCTION MATERIALS	132,718.	132,718.		
WASTE DISPOSAL FEES	298,872.	298,872.		
WORKMEN'S COMP INS.	109,257.	107,236.	2,021.	
PROFESSIONAL FEES	396,750.	273,524.	123,226.	
REPAIRS-CO VEHICLES	16,083.	13,411.	2,672.	
GAS & OIL-CO VEHICLES	79,654.	77,008.	2,646.	
INSURANCE-CO VEHICLES	123,232.	107,232.	16,000.	
TAXES & LICENSES	443.	428.	15.	
OTHER ADMINISTRATIVE	93,117.	92,915.	202.	
LEASING COSTS	111,541.	111,541.		
MEMBERSHIP DUES	133,991.	128,647.	5,344.	
BAD DEBT EXPENSE	36,000.	36,000.		
SPECIFIC ASSISTANCE TO INDIVIDUALS	48,077.		48,077.	
EMPLOYEE TESTING	24,810.	24,558.	252.	
TOTAL TO FM 990, LN 43	1,688,368.	1,487,913.	200,455.	

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 4

DESCRIPTION	AMOUNT
SUPPORT SERVICES	215,247.
STAFF TRAINING	21,642.
CONFERENCES AND MEETINGS	27,940.
SPECIFIC ASSISTANCE	20,154.
MEMBERSHIP DUES	2,987.
AWARDS	2,061.
OTHER FEES	10,793.

ADMINISTRATIVE FEES	12,000.
STORAGE EXPENSE	176.
REGIONAL EXPENSES	37,763.
HOUSING ASSISTANCE	6,650.
CHILDCARE	5,041.
TRANSPORTATION	3,402.
RETENTION INCENTIVE	18,912.
EMPLOYEE RELATIONS	34,715.
YOUTH AND ADULT PROGRAMS	104,907.
OCCUPATIONAL PROGRAMS	1,040,753.
CUSTOMIZED PROGRAMS	638,657.
TOTAL TO FORM 990, PART II, LINE 23	2,203,800.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT	5
	PART III		

EXPLANATION

TO PROVIDE TRAINING TO INDIVIDUALS WITH DISABILITIES OR VOCATIONALLY DISADVANTAGED CONDITIONS IN ORDER TO HELP THEM DEVELOP SKILLS & GOOD WORK HABITS AND OBTAIN & MAINTAIN EMPLOYMENT

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	6
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	764,312.	0.	764,312.
TOTAL FIXED ASSETS - DETAILS AVAILABLE UPON REQUEST	2,818,602.	1,428,104.	1,390,498.
TOTAL TO FORM 990, PART IV, LN 57	3,582,914.	1,428,104.	2,154,810.

FORM 990	OTHER ASSETS	STATEMENT	7
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DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
DEPOSITS	100,708.	89,030.
DUE FROM GOODWORKS	20,591.	142,097.
TOTAL TO FORM 990, PART IV, LINE 58	121,299.	231,127.

FORM 990

OTHER NOTES AND LOANS PAYABLE

STATEMENT 8

LENDER'S NAME TERMS OF REPAYMENT

GMAC FINANCING MONTHLY

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
08/15/03	07/15/08	39,360.	.00%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

VEHICLE PURCHASE VEHICLE

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	3,348.

LENDER'S NAME TERMS OF REPAYMENT

CAPITAL ONE MONTHLY

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
01/23/04	01/23/14	1,557,000.	5.90%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

REAL PROPERTY REFINANCE PURCHASE OF LAND AND BUILDING FOR HAMMOND STORE

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	1,372,732.

LENDER'S NAME		TERMS OF REPAYMENT	
UNITED WAY BYNUM FUND		DUE ON DEMAND	
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
		2,100.	.00%
SECURITY PROVIDED BY BORROWER		PURPOSE OF LOAN	

NONE

RELATIONSHIP OF LENDER

NONE

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	2,100.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B		1,378,180.

COPY

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 9

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
WILLIAM JESSEE 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	PRESIDENT 40.00	195,232.	16,667.	9,874.
JODEE DAROCA 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	VP FINANCE & ADMIN 40.00	106,129.	1,289.	0.
BOB REESE 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	VP RETAIL OPERATIONS 40.00	72,473.	3,765.	0.
BOBBIE WHITE 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	VP CONTRACTS 40.00	92,286.	3,845.	3,219.
SCOTT MIRE 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	VP HUMAN RESOURCE 40.00	0.	0.	0.
DOROTHY NEWELL 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	LOCAL AREA COORDINATOR 40.00	35,577.	2,207.	0.
BRYAN MOORE 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR OF AUDIT CAREER C 40.00	34,589.	2,517.	0.
HEATH ALLEN 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR 0.00	0.	0.	0.
WARREN BENOIT 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR 0.26	8,118.	0.	0.

CREED BRIERRE 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR 0.13	0.	0.	0.
MANUEL DEPASCUAL 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR 0.08	0.	0.	0.
MARVIN BROWN 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR 0.06	0.	0.	0.
ROBERT CANNON 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR 0.13	0.	0.	0.
KATHY CONKLIN 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR 0.10	0.	0.	0.
ROBERT J. CONRAD, JR. 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR 0.10	0.	0.	0.
RAY COOK 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR 0.08	0.	0.	0.
MONICA DAVIDSON 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR 0.04	0.	0.	0.
ALBERT S. DITTMAN 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR 0.00	0.	0.	0.
JOE EWELL 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR 0.17	0.	0.	0.

STANLEY FRIED 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	SECRETARY 0.24	0.	0.	0.
R. MARSHALL GRODNER 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR 0.00	0.	0.	0.
E.J. GUILLOT, JR. 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR 0.04	0.	0.	0.
RONNIE JOHNSON 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR 0.00	0.	0.	0.
ROBERT KAREM 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR 0.00	0.	0.	0.
EDWARD N. LENNOX 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR 0.04	0.	0.	0.
STEVE LORIO 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	TREASURER 0.30	0.	0.	0.
HENRY LOWENTRITT 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR 0.13	0.	0.	0.
ROGER PECK 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR 0.12	0.	0.	0.
BRENDA RICHARD 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	CHAIRPERSON 0.40	0.	0.	0.

MELINDA SCHWEGMANN 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR 0.04	0.	0.	0.
LIZ TAHIR 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR 0.06	0.	0.	0.
RICARDO THOMAS 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR 0.10	0.	0.	0.
WINSTON WILLIAMS 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR 0.13	0.	0.	0.
ANDRE MONTZ 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR 0.13	0.	0.	0.
RAY NICHOLS 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR/ADVISORY COUNCIL 0.10	0.	0.	0.
JACK YOUNG 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR 0.10	0.	0.	0.
NICK WOOD 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	DIRECTOR 0.00	0.	0.	0.
DOROTHY CLYNE 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	ADVISORY COUNCIL 0.00	0.	0.	0.
STEWART JUNEAU 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	ADVISORY COUNCIL 0.00	0.	0.	0.

NAME	ADVISORY COUNCIL			
CATE RAYMOND 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	ADVISORY COUNCIL	0.00	0.	0.
JAMES E. RYDER 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	ADVISORY COUNCIL/PAST CHAIR	0.00	0.	0.
ALAN YACOUBIAN 4200 SOUTH I-10 SERVICE RD., WEST STE. 223 METAIRIE, LA 70001	ADVISORY COUNCIL	0.06	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		544,404.	30,290.	13,093.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 10
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
GOODWORKS, INC.	X	
GOODWILL INDUSTRIES OF SOUTHEASTERN LOUISIANA, INC. - SUPPORT FOUNDATION	X	

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 11
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
	ACTIVITIES IN PART VII PROVIDE OPPORTUNITIES FOR TRAINING AND/OR EMPLOYMENT FOR PERSONS WITH DISABILITIES AND DISADVANTAGING CONDITIONS. CLIENTS/EMPLOYEES DEVELOP "MARKETABLE" WORK SKILLS THROUGH ON-THE-JOB WORK EXPERIENCE. THE WORK OBSERVED ENABLES STAFF TO SUPPLEMENT THE VOCATIONAL REHABILITATION TESTING AND TRAINING OF CLIENT/EMPLOYEES.
93A	INCOME FROM DONATED GOODS UNABLE TO BE SOLD IN STORES, BUT IS SOLD IN BULK AS SALVAGE GOODS.
93B	FEE INCOME RECEIVED FROM STATE AND FEDERAL AGENCIES FOR PROVIDING JANITORIAL SERVICES TO AGENCIES.
93C	REIMBURSEMENT INCOME FROM AGREEMENTS WITH THE UNITED WAY AND STATE AGENCIES FOR PROVIDING VOCATIONAL TRAINING TO THE DISABLED AND DISADVANTAGED INDIVIDUALS.
103A	MISCELLANEOUS INCOME RECEIVED RELATED TO EXEMPT PURPOSE
103B	REIMBURSEMENT FOR EXPENSES PAID ON BEHALF OF AFFILIATE ORGANIZATION -- GOODWORKS, INC. (FORMED IN 1998.)

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2C

STATEMENT 12

ALAN YACUBIAN, ADVISORY COUNCIL AND PARTNER OF JOHNSON JOHNSON BARRIOS & YACUBIAN LITIGATION FIRM, DONATED LEGAL SERVICES TO THE ORGANIZATION.

THE ORGANIZATION HAS ADOPTED THE IRS RECOMMENDED CONFLICT OF INTEREST POLICY AND FOLLOWED PROCEDURES WITH RESPECT TO THIS TRANSACTION.

COPY

SCHEDULE A	EXPLANATION OF TRANSACTIONS PART III, LINE 2D	STATEMENT 13
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WARREN BENOIT, DIRECTOR, PROVIDED INVESTMENT ADVICE AND RECEIVED A COMMISSION OF \$8,188 FOR HIS SERVICE.

THE ORGANIZATION HAS ADOPTED THE IRS RECOMMENDED CONFLICT OF INTEREST POLICY AND FOLLOWED PROCEDURES WITH RESPECT TO THIS TRANSACTION.

COPY

SCHEDULE A	OTHER INCOME			STATEMENT 14
DESCRIPTION	2006 AMOUNT	2005 AMOUNT	2004 AMOUNT	2003 AMOUNT
MISC INCOME	28,076.	44,813.	45,159.	17,993.
FEE INCOME FROM AFFILIATE	432,874.	416,800.	442,103.	507,694.
PIKE'S CLASSIC	0.	21,760.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	460,950.	483,373.	487,262.	525,687.

COPY

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II			Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.		
Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization GOODWILL INDUSTRIES OF SOUTHEASTERN LOUISIANA, INC.		Employer identification number 72-0546906		
	Number, street, and room or suite no. If a P.O. box, see instructions. 4200 S. I-10 SERVICE ROAD, WEST, NO. 223		For IRS use only		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. METAIRIE, LA 70001				

Check type of return to be filed (File a separate application for each return):

- Form 990
 Form 990-EZ
 Form 990-T (sec. 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **GOODWILL INDUSTRIES**
 Telephone No. **504-456-2622** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2008**.
- 5 For calendar year **2007**, or other tax year beginning _____, and ending _____.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension _____

ALL INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE INCOME TAX RETURN HAS NOT YET BEEN RECEIVED.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title **CFO** Date