

Form **990**

# Return of Organization Exempt From Income Tax

OMB No 1545-0047

# 2002

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2002 calendar year, or tax year period beginning **OCT 1, 2002** and ending **SEP 30, 2003**

- Check if applicable
- Address change
- Name change
- Initial return
- Final return
- Amended return
- Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization  
**GOODWILL INDUSTRIES OF NORTHERN MICHIGAN, INC.**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**2279 SOUTH AIRPORT RD W.**

City or town, state or country, and ZIP + 4  
**TRAVERSE CITY, MI 49684**

**D** Employer identification number  
**38-1976268**

**E** Telephone number  
**(231) 922-4805**

**F** Accounting method  Cash  Accrual  
 Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H** and **I** are not applicable to section 527 organizations.

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

**H(b)** If "Yes," enter number of affiliates ▶

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Enter 4-digit GEN ▶

**G** Web site: **N/A**

**J** Organization type (check only one)  501(c) ( **3** ) (insert no)  4947(a)(1) or  527

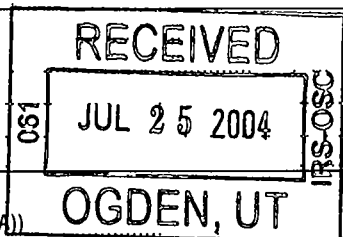
**K** Check here  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **4,133,671.**

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	<b>822,441.</b>		
	<b>b</b> Indirect public support	<b>1b</b>	<b>55,725.</b>		
	<b>c</b> Government contributions (grants)	<b>1c</b>	<b>406,308.</b>		
	<b>d</b> Total (add lines 1a through 1c) (cash \$ <b>593,784.</b> noncash \$ <b>690,690.</b> )			<b>1d</b>	<b>1,284,474.</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	<b>2,841,889.</b>
	<b>3</b> Membership dues and assessments			<b>3</b>	
	<b>4</b> Interest on savings and temporary cash investments			<b>4</b>	<b>7,308.</b>
	<b>5</b> Dividends and interest from securities			<b>5</b>	
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)			<b>6c</b>	
<b>7</b> Other investment income (describe ▶ )			<b>7</b>		
<b>8 a</b> Gross amount from sale of assets other than inventory	(A) Securities		(B) Other		
	<b>8a</b>				
	<b>8b</b>				
	<b>8c</b>				
<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))			<b>8d</b>		
<b>9</b> Special events and activities (attach schedule)	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1a)	<b>9a</b>			
	<b>b</b> Less direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)			<b>9c</b>	
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>				
	<b>b</b> Less cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			<b>10c</b>	
<b>11</b> Other revenue (from Part VII, line 103)			<b>11</b>		
<b>12</b> Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			<b>12</b>	<b>4,133,671.</b>	
Expenses	<b>13</b> Program services (from line 44, column (B))			<b>13</b>	<b>3,650,805.</b>
	<b>14</b> Management and general (from line 44, column (C))			<b>14</b>	<b>298,224.</b>
	<b>15</b> Fundraising (from line 44, column (D))			<b>15</b>	
	<b>16</b> Payments to affiliates (attach schedule)			<b>16</b>	
	<b>17</b> Total expenses (add lines 16 and 44, column (A))			<b>17</b>	<b>3,949,029.</b>
<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)			<b>18</b>	<b>184,642.</b>	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	<b>1,168,983.</b>	
<b>20</b> Other changes in net assets or fund balances (attach explanation)			<b>20</b>	<b>0.</b>	
<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b>	<b>1,353,625.</b>	



SCANNED JUL 28 2004

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LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2002)

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2002.08000 GOODWILL INDUSTRIES OF NORT 84055

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GOODWILL INDUSTRIES OF  
NORTHERN MICHIGAN, INC.

38-1976268

**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 Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	53,728.	0.	53,728.	0.
26	Other salaries and wages	1,818,426.	1,688,257.	130,169.	
27	Pension plan contributions				
28	Other employee benefits	173,468.	159,094.	14,374.	
29	Payroll taxes	160,496.	144,444.	16,052.	
30	Professional fundraising fees				
31	Accounting fees	13,500.		13,500.	
32	Legal fees	8,208.	8,208.		
33	Supplies	167,392.	163,629.	3,763.	
34	Telephone	22,052.	19,420.	2,632.	
35	Postage and shipping	15,038.	14,832.	206.	
36	Occupancy	153,547.	152,882.	665.	
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel	15,604.	11,377.	4,227.	
40	Conferences, conventions, and meetings	11,818.	5,477.	6,341.	
41	Interest	104,596.	101,313.	3,283.	
42	Depreciation, depletion, etc (attach schedule)	91,214.	88,275.	2,939.	
43	Other expenses not covered above (itemize)				
a	_____				
b	_____				
c	_____				
d	_____				
e	SEE STATEMENT 1	1,139,942.	1,093,597.	46,345.	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	3,949,029.	3,650,805.	298,224.	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 \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 2**

	Program Service Expenses (Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others)
a SEE STATEMENT 3	
(Grants and allocations \$ _____)	606,625.
b GOODWILL ENGAGES IN MANUFACTURING AND SUBCONTRACTING TO PROVIDE TRANSITIONAL WORK ENVIRONMENT FOR CLIENTS.	
(Grants and allocations \$ _____)	650,842.
c GOODWILL OPERATES A KITCHEN IN CONJUNCTION WITH NORTHWEST MICHIGAN HUMAN SERVICES AGENCY.	
(Grants and allocations \$ _____)	126,727.
d GOODWILL OPERATES FOUR RETAIL STORES AS REVENUE SOURCES TO SUPPORT ITS PROGRAMS AND SERVICES, AND TO PROVIDE JOB TRAINING SITES.	
(Grants and allocations \$ _____)	2,266,611.
e Other program services (attach schedule)	
(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	3,650,805.

**GOODWILL INDUSTRIES OF  
NORTHERN MICHIGAN, INC.**

Form 990 (2002)

38-1976268

Page 3

**Part IV Balance Sheets**

**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
<b>Assets</b>	45 Cash - non-interest-bearing	179,275.	74,158.
	46 Savings and temporary cash investments	370,315.	527,540.
	47 a Accounts receivable	79,021.	
	b Less allowance for doubtful accounts	72,442.	79,021.
	48 a Pledges receivable		
	b Less allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable	15,000.	
	b Less allowance for doubtful accounts STMT 4		15,000.
	52 Inventories for sale or use	39,849.	44,120.
	53 Prepaid expenses and deferred charges	14,154.	27,410.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		
	55 a Investments - land, buildings, and equipment basis		
	b Less accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment: basis	5,333,317.		
b Less accumulated depreciation	1,077,179.	4,256,138.	
58 Other assets (describe <input type="checkbox"/> FUNDS HELD FOR OTHERS )	1,732,069.	15,161.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)	2,408,104.	5,038,548.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	195,194.	217,783.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable STMT 5 STMT 6	1,043,649.	3,343,031.
	65 Other liabilities (describe <input type="checkbox"/> SEE STATEMENT 7 )	278.	124,109.
66 <b>Total liabilities</b> (add lines 60 through 65)	1,239,121.	3,684,923.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		
	67 Unrestricted	1,152,276.	1,341,493.
	68 Temporarily restricted	16,707.	12,132.
	69 Permanently restricted		
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	1,168,983.	1,353,625.
	74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	2,408,104.	5,038,548.

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.



**GOODWILL INDUSTRIES OF  
NORTHERN MICHIGAN, INC.**

Form 990 (2002)

38-1976268

Page 5

**Part VI Other Information**

		Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b		N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81 a Enter direct or indirect political expenditures. See line 81 instructions	81a		0.
b Did the organization file Form 1120-POL for this year?	81b		X
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		N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a		N/A
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b		N/A
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
85 501(c)(4), (5), or (6) organizations. a 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? 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	85b		N/A
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
b Gross receipts, included on line 12, for public use of club facilities	86b		N/A
87 501(c)(12) organizations. Enter. a Gross income from members or shareholders	87a		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
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a 501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>			
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.
90 a List the states with which a copy of this return is filed <u>MICHIGAN</u>	90b		112
b Number of employees employed in the pay period that includes March 12, 2002			
91 The books are in care of <u>ROSE MARTIN</u> Telephone no. <u>(231) 922-4805</u>			
Located at <u>2279 SOUTH AIRPORT RD W., TRAVERSE CITY, MI</u> ZIP + 4 <u>49684</u>			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92		N/A

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Form 990 (2002)

GOODWILL INDUSTRIES OF  
NORTHERN MICHIGAN, INC.

Form 990 (2002)

38-1976268

Page 6

**Part VII Analysis of Income-Producing Activities** (See page 31 of the instructions)

Note: Enter gross amounts unless otherwise indicated.

	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 CLIENT REHAB. SERVICES					266,818.
b MISCELLANEOUS					3,820.
c RETAIL SALES					2,571,251.
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	7,308.	
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					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		7,308.	2,841,889.
105 Total (add line 104, columns (B), (D), and (E))					2,849,197.

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

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 32 of 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)
93	TO PROVIDE A WORK ENVIRONMENT FOR HANDICAPPED AND DISADVANTAGED INDIVIDUALS IN A SHELTERED WORKSHOP, GOODWILL ENGAGES IN LIGHT MANUFACTURING, SUBCONTRACTING, MANAGING FOOD SERVICES, OPERATING FOUR GOODWILL RETAIL STORES, AND OPERATING AN EMERGENCY SHELTER.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 32 of 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 page 33 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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. I am not aware of any information of which preparer has any knowledge.

Date: 7/15/04  
Preparer's name and title: David C. Maxson, Chair

Date: 7/15/04  
Check if self-prepared:   
Preparer's SSN or PTIN: \_\_\_\_\_

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information-(See separate instructions.)**

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

OMB No 1545-0047

**2002**

Name of the organization **GOODWILL INDUSTRIES OF  
NORTHERN MICHIGAN, INC.** Employer identification number  
**38 1976268**

**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
NONE				
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-----				
-----				
-----				
-----				
-----				
-----				
Total number of other employees paid over \$50,000 ▶		0		

**Part II 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
NONE		
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-----		
Total number of others receiving over \$50,000 for professional services ▶		0

**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 <b>▶</b> \$ _____ \$ _____ (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?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )		X
4 Do you have a section 403(b) annuity plan for your employees?		X
<b>Note:</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 5 of the instructions )

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 supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions )

GOODWILL INDUSTRIES OF

Schedule A (Form 990 or 990-EZ) 2002 **NORTHERN MICHIGAN, INC.**

38-1976268 Page 3

**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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	1,177,994.	523,224.	411,459.	381,653.	2,494,330.
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	2,454,422.	2,148,305.	2,069,781.	1,715,948.	8,388,456.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	4,868.	3,269.	995.	6,061.	15,193.
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					
23 Total of lines 15 through 22	3,637,284.	2,674,798.	2,482,235.	2,103,662.	10,897,979.
24 Line 23 minus line 17	1,182,862.	526,493.	412,454.	387,714.	2,509,523.
25 Enter 1% of line 23	36,373.	26,748.	24,822.	21,037.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	N/A
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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts	26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	N/A
d Add Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____	26d	N/A
e Public support (line 26c minus line 26d total)	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	N/A %

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 (2001) 0. (2000) 0. (1999) 0. (1998) 0.		
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 11, 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. (2001) 0. (2000) 0. (1999) 0. (1998) 0.		
c Add Amounts from column (e) for lines: 15 2,494,330. 16 _____ 17 8,388,456. 20 _____ 21 _____	27c	10,882,786.
d Add Line 27a total 0. and line 27b total 0.	27d	0.
e Public support (line 27c total minus line 27d total)	27e	10,882,786.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	10,897,979.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	99.8606%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	.1394%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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

GOODWILL INDUSTRIES OF

**Part V Private School Questionnaire** (See page 7 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.)		
<hr/> <hr/> <hr/>			
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	
<hr/> <hr/> <hr/>			
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? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement )	33h	
<hr/> <hr/> <hr/>			
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? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b	
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	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 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)		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)		
38	Total lobbying expenditures (add lines 36 and 37)		
39	Other exempt purpose expenditures		
40	Total exempt purpose expenditures (add lines 38 and 39)		
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 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)		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36		
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38		

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 11 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	
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 11 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.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

Exempt Organizations (See page 12 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

(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

Table with 3 columns: Question, Yes, No. Rows include 51a(i), a(ii), b(i), b(ii), b(iii), b(iv), b(v), b(vi), and c.

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 (X)

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.

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	43,018.	40,608.	2,410.	
UTILITIES	77,082.	73,567.	3,515.	
DUES AND SUBSCRIPTIONS	28,788.	28,500.	288.	
TRASH FEES	41,295.	40,812.	483.	
MISCELLANEOUS	96,695.	69,432.	27,263.	
ADMINISTRATIVE SERVICE CHARGES	21,089.	16,454.	4,635.	
REPAIR AND MAINTENANCE	4,441.	4,441.		
PROMOTIONAL EXPENSE	26,543.	24,967.	1,576.	
VEHICLE EXPENSE	37,662.	37,525.	137.	
EMERGENCY EXPENSES	17,394.	17,394.		
SALVAGE	25,649.	25,649.		
BAD DEBTS	145.	145.		
COST OF GOODS SOLD	5,000.		5,000.	
CONSULTING	690,041.	690,041.		
TOTAL TO FM 990, LN 43	25,100.	24,062.	1,038.	
	<u>1,139,942.</u>	<u>1,093,597.</u>	<u>46,345.</u>	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 2  
PART III

## EXPLANATION

THE ORGANIZATION OPERATES A SHELTERED AND TRANSITIONAL WORK ENVIRONMENT FOR PERSONS WHO ARE DISABLED OR OTHERWISE DISADVANTAGED, PROVIDES VOCATIONAL EVALUATION SERVICES, ON-THE-JOB TRAINING, COUNSELING, AND JOB PLACEMENT INTO LOCAL BUSINESS POSITIONS IN NORTHWEST LOWER MICHIGAN.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 3

DESCRIPTION OF PROGRAM SERVICE ONE

GOODWILL OPERATES THE GOODWILL INN, A TEMPORARY AND TRANSITIONAL HOUSING SHELTER SERVING THE GRAND TRAVERSE AREA. THE GOODWILL INN SERVED 436 CLIENTS DURING THE YEAR. GOODWILL OPERATES VARIOUS PROGRAMS FOR THE LOCAL COMMUNITY MENTAL HEALTH BOARD IN ADDITION TO PROVIDING VOCATIONAL EVALUATIONS, JOB TRAINING, COUNSELING AND OTHER WORK ASSISTANCE. THEY SERVED 321 CLIENTS DURING THE YEAR.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		606,625.

FORM 990 OTHER NOTES AND LOANS RECEIVABLE STATEMENT 4

DESCRIPTION	DOUBTFUL ACCT ALLOWANCE	BALANCE DUE
GW SERVICES	0.	15,000.
TOTALS INCLUDED ON FORM 990, PART IV, LINE 51	0.	15,000.

FORM 990 MORTGAGES PAYABLE STATEMENT 5

DESCRIPTION	BALANCE DUE
HUNTINGTON BANK	162,573.
HUNTINGTON BANK	354,013.
HUNTINGTON BANK	303,169.
HUNTINGTON BANK	196,677.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	1,016,432.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 6

LENDER'S NAME TERMS OF REPAYMENT

HUNTINGTON BANK \$13,239 PER MONTH

DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
02/21/03	11/21/08	2,660,000.	740%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

ASSETS OF GOODWILL

RELATIONSHIP OF LENDER

COMMERCIAL BANK

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	2,326,599.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B 2,326,599.

FORM 990 OTHER LIABILITIES STATEMENT 7

DESCRIPTION	AMOUNT
CAPITAL LEASES	0.
DUE TO OTHERS	15,161.
DEFERRED REVENUE	108,948.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	124,109.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 8

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DAVID MAXSON 11300 PENINSULA DR. TRAVERSE CITY, MI 49686	VICE CHAIRPERSON 3 HRS./MO.	0.	0.	0.
RUTH BLOOMER 818 E. SILVER LAKE RD. TRAVERSE CITY, MI 49684	SECRETARY 3 HRS./MO.	0.	0.	0.
LOUIS CZUBAK 793 S. LONG LAKE RD. TRAVERSE CITY, MI 49684	DIRECTOR 3 HRS./MO.	0.	0.	0.
DIANA GLAESMER-HAWN 2619 S. WESTWARD DR. TRAVERSE CITY, MI 49684	DIRECTOR 3 HRS./MO.	0.	0.	0.
BARRY LEVINE 532 FIFTH ST. TRAVERSE CITY, MI 49684	DIRECTOR 3 HRS./MO.	0.	0.	0.
ROBERT ZIMMERMAN 3082 SILVER FARMS LANE TRAVERSE CITY, MI 49684	TREASURER 3 HRS./MO.	0.	0.	0.
CECIL MCNALLY 911 S. UNION STREET TRAVERSE CITY, MI 49684	CHAIRPERSON 3 HRS./MO.	0.	0.	0.
MARY SUE CHRISTIAN 5215 ARLINGTON LN TRAVERSE CITY, MI 49684	DIRECTOR 3 HRS./MO.	0.	0.	0.
TOM FEURIG 7945 SKEGEMOG PT RD WILLIAMSBURG, MI, 49690	EXECUTIVE DIRECTOR 40 HRS./WEEK	53,728.	5,254.	0.
ROBERT L. JACKSON 4365 HILLCREST DRIVE TRAVERSE CITY, MI 49684	DIRECTOR 3 HRS./MO.	0.	0.	0.
ERNIE GROCOCK 832 S. COURT ST GAYLORD, MI 49735	DIRECTOR 3 HRS./MO.	0.	0.	0.

BRENDA JONES QUICK 542 FIFTH STREET TRAVERSE CITY, MI 49684	DIRECTOR 3 HRS./MO.	0.	0.	0.
BUD THARP 18380 DOUGHERTY TRAVERSE CITY, MI 49686	DIRECTOR 3 HRS./MO.	0.	0.	0.
LINDA FISHER 4247 N. SHARON RD. S.E. KALKASKA, MI 49646	DIRECTOR 3 HRS./MO.	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		<u>53,728.</u>	<u>5,254.</u>	<u>0.</u>

**Goodwill Industries of Northern Michigan, Inc.**  
**September 30, 2003**

Form 990  
 Federal I D. Number 38-1976268

<u>Description</u>	<u>Balance @ 9-30-02</u>	<u>Additions</u>	<u>Disposals</u>	<u>Balance @ 9-30-03</u>
Land	396,938	548,900	-	945,838
Buildings	1,021,554	-	-	1,021,554
Gaylord Store	220,709	1,353	-	222,062
Equipment	186,774	14,243	-	201,017
Furniture/Fixtures	69,078	-	-	69,078
Vehicles	99,200	7,160	(3,700)	102,660
CIP	25,000	18,780	(650)	43,130
CIP-Proj2	56,875	2,028,641	-	2,085,516
Land-Inn	124,935	-	-	124,935
Buildings-Inn	498,364	-	-	498,364
Furniture/Fixtures-Inn	19,163	-	-	19,163
	<u>2,718,590</u>			<u>5,333,317</u>
A/D-Building	(485,696)	(33,965)	-	(519,661)
A/D-Equipment	(142,247)	(21,568)	-	(163,815)
A/D-Furniture/Fixtures	(66,028)	(1,548)	-	(67,576)
A/D-Vehicles	(57,000)	(13,887)	555	(70,332)
A/D-Building-Inn	(217,353)	(20,034)	-	(237,387)
A/D-Furniture/Fixtures-Inn	(18,197)	(211)	-	(18,408)
	<u>(986,521)</u>	<u>(91,213)</u>	<u>555</u>	<u>(1,077,179)</u>

# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time** - Only submit original (no copies needed)

**Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only**

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print  File by the due date for filing your return See instructions	Name of Exempt Organization <b>GOODWILL INDUSTRIES OF NORTHERN MICHIGAN, INC.</b>	Employer identification number <b>38-1976268</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2889 AERO PARK DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>TRAVERSE CITY, MI 49684</b>	

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

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- 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 will cover.

1 I request an automatic 3-month (6-month, for **990-T corporation**) extension of time until **MAY 17, 2004** to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or

▶  tax year beginning **OCT 1, 2002**, and ending **SEP 30, 2003**.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

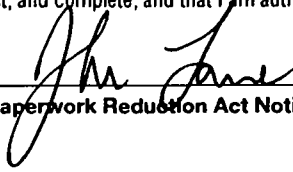
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. 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 \$ **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 ▶ **CPA** Date ▶ **2-12-04**

LHA For Paperwork Reduction Act Notice, see instruction Form 8868 (12-2000)

0309

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 - Must file Original and One Copy.

Table with 3 columns: Type or print, Name of Exempt Organization, Employer identification number. Includes address: 2889 AERO PARK DRIVE, TRAVERSE CITY, MI 49684.

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

Grid of checkboxes for Form 990, Form 990-EZ, Form 990-T, 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.

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).

4 I request an additional 3-month extension of time until AUGUST 16, 2004. 5 For calendar year, or other tax year beginning OCT 1, 2002 and ending SEP 30, 2003. 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: ACCOUNTANTS HAVE NOT RECEIVED THE NECESSARY INFORMATION FROM THIRD PARTIES IN ORDER TO PREPARE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. 8c Balance Due. Subtract line 8b from line 8a.

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: Kenneth [Signature], Title: CPA, Date: 5/14/04

Notice to Applicant - To Be Completed by the IRS

Grid of checkboxes for IRS notice: We have approved this application. We have not approved this application. However, we have granted a 10-day grace period. We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period. We cannot consider this application because it was filed after the due date of the return for which an extension was requested. Other.

Director By Date

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

EXTENSION APPROVED

Table with 3 columns: Type or print, Name, Number and street, City or town, province or state, and country. Includes: THE REHMANN GROUP, P.O. BOX 808, TRAVERSE CITY, MI 49685-0808. Date: MAY 9, 2004. Signature: LINDA WEISKOPF, FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN.