

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)

2003

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 **2003** calendar year, or tax year beginning **OCT 1, 2003** and ending **SEP 30, 2004**

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

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

D Employer identification number
38-1976268

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

E Telephone number
(231) 922-4805

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

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

G Website: **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.

I Group Exemption Number _____

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **5,664,273.**

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

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

1	Contributions, gifts, grants, and similar amounts received:				
a	Direct public support	1a	1,081,022.		
b	Indirect public support	1b	58,802.		
c	Government contributions (grants)	1c	104,613.		
d	Total (add lines 1a through 1c) (cash \$ 245,963. noncash \$ 998,474.)	1d		1,244,437.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		3,823,483.	
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4		5,796.	
5	Dividends and interest from securities	5			
6 a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe _____)	7			
8 a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less: cost or other basis and sales expenses	8a	590,557.	8b	515,004.
c	Gain or (loss) (attach schedule)	8c	75,553.		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))		STMT 1	8d	75,553.
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a			
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10 a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		5,149,269.	
Expenses	13 Program services (from line 44, column (B))	13		4,366,128.	
	14 Management and general (from line 44, column (C))	14		476,422.	
	15 Fundraising (from line 44, column (D))	15			
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 16 and 44, column (A))	17		4,842,550.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18		306,719.	
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,353,625.	
	20 Other changes in net assets or fund balances (attach explanation)	20		0.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		1,660,344.	

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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 \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23 63,308.	63,308.	STATEMENT 5	
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 66,268.	0.	66,268.	0.
26 Other salaries and wages	26 2,069,803.	1,779,710.	290,093.	
27 Pension plan contributions	27			
28 Other employee benefits	28 193,030.	163,222.	29,808.	
29 Payroll taxes	29 177,736.	151,224.	26,512.	
30 Professional fundraising fees	30			
31 Accounting fees	31 8,540.	2,894.	5,646.	
32 Legal fees	32 3,679.	3,679.		
33 Supplies	33 160,588.	154,807.	5,781.	
34 Telephone	34 32,242.	28,795.	3,447.	
35 Postage and shipping	35 24,668.	24,090.	578.	
36 Occupancy	36 100,715.	99,420.	1,295.	
37 Equipment rental and maintenance	37			
38 Printing and publications	38			
39 Travel	39 19,932.	13,934.	5,998.	
40 Conferences, conventions, and meetings	40 10,768.	4,904.	5,864.	
41 Interest	41 157,914.	151,471.	6,443.	
42 Depreciation, depletion, etc. (attach schedule)	42 146,866.	141,350.	5,516.	
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e SEE STATEMENT 2	43e 1,606,493.	1,583,320.	23,173.	
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 4,842,550.	4,366,128.	476,422.	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 \$ _____; (i) 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 3	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
a SEE STATEMENT 4	
(Grants and allocations \$ _____)	1,329,124.
b GOODWILL ENGAGES IN MANUFACTURING AND SUBCONTRACTING TO PROVIDE TRANSITIONAL WORK ENVIRONMENT FOR CLIENTS.	
(Grants and allocations \$ _____)	193,104.
c GOODWILL OPERATES A KITCHEN IN CONJUNCTION WITH NORTHWEST MICHIGAN HUMAN SERVICES AGENCY.	
(Grants and allocations \$ _____)	89,170.
d GOODWILL OPERATES THREE RETAIL STORES AS REVENUE SOURCES TO SUPPORT ITS PROGRAMS AND SERVICES, AND TO PROVIDE JOB TRAINING SITES.	
(Grants and allocations \$ _____)	2,754,730.
e Other program services (attach schedule)	(Grants and allocations \$ _____)
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	4,366,128.

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
Assets	45 Cash - non-interest-bearing	74,158.	251,263.
	46 Savings and temporary cash investments	527,540.	412,770.
	47 a Accounts receivable	131,654.	
	b Less: allowance for doubtful accounts	79,021.	131,654.
	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		
	b Less: allowance for doubtful accounts	15,000.	
	52 Inventories for sale or use	44,120.	64,537.
	53 Prepaid expenses and deferred charges	27,410.	50,926.
	54 Investments - securities		
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment: basis	4,969,670.		
b Less: accumulated depreciation	946,936.		
58 Other assets (describe FUNDS HELD FOR OTHERS)	4,256,138.	4,022,734.	
59 Total assets (add lines 45 through 58) (must equal line 74)	5,038,548.	4,944,853.	
Liabilities	60 Accounts payable and accrued expenses	217,783.	276,388.
	61 Grants payable		
	62 Deferred revenue		27,821.
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable STMT 6 STMT 7	3,343,031.	2,969,331.
65 Other liabilities (describe DUE TO OTHERS)	124,109.	10,969.	
66 Total liabilities (add lines 60 through 65)	3,684,923.	3,284,509.	
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	1,341,493.	1,660,344.
	68 Temporarily restricted	12,132.	0.
	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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	1,353,625.	1,660,344.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	5,038,548.	4,944,853.	

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.

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		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.		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?	X	
b	If "Yes," enter the name of the organization <u>SEE STATEMENT 9</u> 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 <u>81a</u> 0.		
b	Did the organization file Form 1120-POL for this year?		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?		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.) <u>82b</u> N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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 <u>85c</u> N/A		
d	Section 162(e) lobbying and political expenditures <u>85d</u> N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <u>85e</u> N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <u>85f</u> N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 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? N/A		
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12 <u>86a</u> N/A		
b	Gross receipts, included on line 12, for public use of club facilities <u>86b</u> N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders <u>87a</u> 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.) <u>87b</u> 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		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		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
90 a	List the states with which a copy of this return is filed <u>MICHIGAN</u>		
b	Number of employees employed in the pay period that includes March 12, 2003 <u>90b</u> 102		
91	The books are in care of <u>ROSE MARTIN</u> Telephone no. <u>(231) 922-4805</u>		

Located at 2279 SOUTH AIRPORT RD W., TRAVERSE CITY, MI ZIP + 4 49684

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

Part VII Analysis of Income-Producing Activities (See page 33 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					922,829.
b MISCELLANEOUS					9,018.
c RETAIL SALES					2,891,636.
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	5,796.	
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			18	75,553.	
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.		81,349.	3,823,483.
105 Total (add line 104, columns (B), (D), and (E))					3,904,832.

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 34 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 THREE GOODWILL RETAIL STORES, AND OPERATING AN EMERGENCY SHELTER.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 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 34 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).

Please 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.

Date 08/04/05 **CECIL MCNALLY, EXEC. DIR.**
 Date 8/26/05 Check if self-employed Preparer's SSN or PTIN 382-52-1381

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

2003

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
RUTH BLICK ----- 856 MEADOWS; TRAVERSE CITY, MI 49684	DIR. R&M OPS 40	54,443.	1,251.	
KENNETH HOMA ----- 11788 LAKE ST; EMPIRE, MI 49630	DIR. HSNB SVC 40	50,603.	5,565.	

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 -----		

Total number of others receiving over \$50,000 for professional services ▶	0	

GOODWILL INDUSTRIES OF

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.) SEE STATEMENT 10		
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)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?	X	
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)		X
b Do you have a section 403(b) annuity plan for your employees?		X
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 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)(vii). (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 6 of the instructions.)

GOODWILL INDUSTRIES OF

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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,284,474.	1,177,994.	523,224.	411,459.	3,397,151.
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	2,841,889.	2,454,422.	2,148,305.	2,069,781.	9,514,397.
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	7,308.	4,868.	3,269.	995.	16,440.
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	4,133,671.	3,637,284.	2,674,798.	2,482,235.	12,927,988.
24 Line 23 minus line 17	1,291,782.	1,182,862.	526,493.	412,454.	3,413,591.
25 Enter 1% of line 23	41,337.	36,373.	26,748.	24,822.	
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total 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: (2002) 0. (2001) 0. (2000) 0. (1999) 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: (2002) 0. (2001) 0. (2000) 0. (1999) 0.					
c Add: Amounts from column (e) for lines: 15 3,397,151. 16 _____ 17 9,514,397. 20 _____ 21 _____					27c 12,911,548.
d Add: Line 27a total 0. and line 27b total 0.					27d 0.
e Public support (line 27c total minus line 27d total)					27e 12,911,548.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f 12,927,988.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 99.8728%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h .1272%
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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 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?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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.)		
<hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
<hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
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.		
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		

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
SOUTH AIRPORT BUILDING AND LAND	VARIOUS	07/19/04	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	587,869.	714,228.	24,723.	230,603.	79,521.
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
SCRAPPED EQUIPMENT	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	10,922.	0.	9,316.	<1,606.>
DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
EQUIPMENT	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	2,688.	14,046.	0.	8,996.	<2,362.>
TO FM 990, PART I, LN 8	590,557.	739,196.	24,723.	248,915.	75,553.

FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	53,937.	50,705.	3,232.	
UTILITIES	91,232.	85,691.	5,541.	
DUES AND SUBSCRIPTIONS	37,494.	36,691.	803.	
TRASH FEES	62,324.	60,777.	1,547.	
MISCELLANEOUS	3,373.		3,373.	
ADMINISTRATIVE	138,111.			

SERVICE CHARGES	32,091.31,864.		227.
REPAIRS AND MAINTENANCE	98,626.92,383.		6,243.
PROMOTIONAL EXPENSE	49,922.49,732.		190.
VEHICLE EXPENSE	23,601.22,003.		1,598.
EMERGENCY EXPENSES	11,893.11,893.		
BAD DEBTS	419.		419.
COST OF GOODS SOLD	980,185.	980,185.	
CONSULTING	17,189.17,189.		
OTHER PROFESSIONAL FEES	6,096.	6,096.	
TOTAL TO FM 990, LN 43	1,606,493.	1,583,320.	23,173.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 3
PART III

EXPLANATION

TO ENABLE THE FULL PARTICIPATION IN SOCIETY OF DISABLED OR OTHERWISE DISADVANTAGED PEOPLE BY EXPANDING THEIR OPPORTUNITIES AND OCCUPATIONAL CAPACITIES THROUGH A NETWORK OF SERVICES IN RESPONSE TO LOCAL NEEDS.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 4

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 112 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 400 CLIENTS DURING THE YEAR.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A		1,329,124.

FORM 990 SPECIFIC ASSISTANCE TO INDIVIDUALS STATEMENT 5

DESCRIPTION	AMOUNT
TRANSPORTATION	647.
MISCELLANEOUS	765.
SAFAH GRANT EXPENSES - CHILD CARE, EMPLOYMENT ASSISTANCE, ETC.	11,893.
FOOD, SHELTER AND CLOTHING FOR INDIGENTS, ETC.	47,217.
MEDICAL, DENTAL AND HOSPITAL EXPENSES PROVIDED	2,786.
TOTAL TO FORM 990, PART II, LINE 23	63,308.

FORM 990 MORTGAGES PAYABLE STATEMENT 6

DESCRIPTION	BALANCE DUE
HUNTINGTON BANK	141,617.
HUNTINGTON BANK	314,980.
HUNTINGTON BANK	264,607.
HUNTINGTON BANK	0.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	721,204.

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	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.
MICHAEL HORNBY 314 NORTH ELMWOOD AVENUE TRAVERSE CITY, MI 49684	DIRECTOR 3 HRS./MO.	0.	0.	0.
ANN REED PO BOX 619 GLEN ARBOR, MI 49636	DIRECTOR 3 HRS./MO.	0.	0.	0.
BARRY LEVINE 532 FIFTH ST. TRAVERSE CITY, MI 49684	DIRECTOR 3 HRS./MO.	0.	0.	0.
RICHARD LUNG 3905 STONERIDGE DRIVE TRAVERSE CITY, MI 49684	TREASURER 3 HRS./MO.	0.	0.	0.
CECIL MCNALLY 911 S. UNION STREET TRAVERSE CITY, MI 49684	EXECUTIVE DIRECTOR 40 HRS./WEEK	66,268.	946.	0.
MARY SUE CHRISTIAN 5215 ARLINGTON LN TRAVERSE CITY, MI 49684	DIRECTOR 3 HRS./MO.	0.	0.	0.
RALPH SOFFREDINE 220 HURON TRAVERSE CITY, MI 49686	DIRECTOR 3 HRS./MO.	0.	0.	0.
ROBERT L. JACKSON 4365 HILLCREST DRIVE TRAVERSE CITY, MI 49684	DIRECTOR 3 HRS./MO.	0.	0.	0.
MARY STANTON 1240 SOUTH BAYVIEW TRAIL SUTTONS BAY, MI 49682	DIRECTOR 3 HRS./MO.	0.	0.	0.

BRENDA JONES QUICK 942 FIFTH STREET TRAVERSE CITY, MI 49684	VICE CHAIRPERSON 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		66,268.	946.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 9
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
G.W. SERVICES OF NORTHERN MICHIGAN, INC.	X	
G.W. HOMELESS SERVICES OF NORTHERN MICHIGAN, INC.	X	

SCHEDULE A STATEMENT REGARDING ACTIVITIES WITH SUBSTANTIAL CONTRIBUTORS, TRUSTEES, DIRECTORS, CREATORS, KEY EMPLOYEES, ETC.,. STATEMENT 10
PART III, LINE 2

- 2B - THE COMPANY LOANED MONEY TO G.W. HOMELESS SERVICES OF NORTHERN MICHIGAN, INC. THROUGHOUT THE YEAR FOR USE IN DAILY OPERATIONS. THE YEAR END BALANCE IS \$40,518.
- THE COMPANY LOANED MONEY TO G.W. SERVICES OF NORTHERN MICHIGAN, INC. DURING THE PRIOR FISCAL YEAR. THE TOTAL AMOUNT DUE OF \$15,000 WAS COLLECTED DURING THE CURRENT YEAR.
- 2C - THE COMPANY HAS A MANAGEMENT AGREEMENT WITH G.W. HOMELESS SERVICES OF NORTHERN MICHIGAN, INC. WHICH CALLS FOR THE COMPANY TO PROVIDE G.W. HOMELESS SERVICES WITH MANAGEMENT AND ADMINISTRATIVE SERVICES. THE COMPANY RECEIVED FEES IN THE AMOUNT OF \$56,128 DURING THE YEAR FOR THESE SERVICES.
- THE COMPANY HAS A MANAGEMENT AGREEMENT WITH G.W. SERVICES OF NORTHERN MICHIGAN, INC. WHICH CALLS FOR THE COMPANY TO PROVIDE G.W. SERVICES WITH MANAGEMENT SERVICES AND THE USE OF CERTAIN FIXED ASSETS. THE COMPANY RECEIVED FEES IN THE AMOUNT OF \$26,673 DURING THE YEAR FOR THESE SERVICES.
- 2E - THE COMPANY TRANSFERRED TO G.W. HOMELESS SERVICES OF NORTHERN MICHIGAN, INC. CERTAIN FIXED ASSETS CONSISTING OF FURNITURE, EQUIPMENT AND A VEHICLE THAT WERE VALUED AT \$15,034.

Goodwill Industries of Northern Michigan, Inc.

2003 Tax Year

Form 990

EIN: 38-1976268

Part IV, Line 57

	Cost 9/30/2003	Additions	Disposals	Reclass	Transfers	Cost 9/30/2004
Land	945,838	-	(150,000)	124,935	-	920,773
Buildings	1,021,554	45,106	(569,474)	2,748,382	-	3,245,568
Gaylord Store	222,062	-	-	-	-	222,062
Equipment	201,017	-	(5,675)	123,039	(19,642)	298,739
Furniture/Fixtures	69,078	11,451	(3,946)	56,282	-	132,865
Vehicles	102,660	2,297	(7,300)	-	(4,425)	93,232
CIP	43,130	359,924	(2,800)	(343,823)	-	56,431
CIP-Proj2	2,085,516	-	-	(2,085,516)	-	-
Land-Inn	124,935	-	-	(124,935)	-	-
Buildings-Inn	498,364	-	-	(498,364)	-	-
Furniture/Fixtures-Inn	19,163	-	-	-	(19,163)	-
	<u>5,333,317</u>	<u>418,778</u>	<u>(739,195)</u>	<u>-</u>	<u>(43,230)</u>	<u>4,969,670</u>

	Accumulated Depreciation 9/30/2003	Additions	Disposals	Reclass	Transfers	Accumulated Depreciation 9/30/2004
A/D-Building	(519,661)	(90,843)	235,850	(237,387)	-	(612,041)
A/D-Equipment	(163,815)	(34,190)	4,068	-	7,575	(186,362)
A/D-Furniture/Fixtures	(67,576)	(10,780)	3,946	-	-	(74,410)
A/D-Vehicles	(70,332)	(11,054)	5,050	-	2,213	(74,123)
A/D-Building-Inn	(237,387)	-	-	237,387	-	-
A/D-Furniture/Fixtures-Inn	(18,408)	-	-	-	18,408	-
	<u>(1,077,179)</u>	<u>(146,867)</u>	<u>248,914</u>	<u>-</u>	<u>28,196</u>	<u>(946,936)</u>

Net Assets 4,256,138

4,022,734

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box
- 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.	
Type or print. <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization GOODWILL INDUSTRIES OF NORTHERN MICHIGAN, INC.	Employer identification number 38-1976268
	Number, street, and room or suite no. If a P.O. box, see instructions. 2279 SOUTH AIRPORT RD W.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TRAVERSE CITY, MI 49684	

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-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> 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) _____. 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 AUGUST 15, 2005.

5 For calendar year _____, or other tax year beginning OCT 1, 2003 and ending SEP 30, 2004.

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
AWAITING ADDITIONAL 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. See instructions \$ _____

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 \$ _____

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 \$ _____ 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 [Signature] Title CPA Date 5/12/05

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have **not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.

RECEIVED

MAY 19 2005

OGDEN, UT

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.

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.

Type or print <small>323832 05-01-03</small>	Name THE REHMANN GROUP
	Number and street (include suite, room, or apt no.) Or a P.O. box number P.O. BOX 808
	City or town, province or state, and country (including postal or ZIP code) TRAVERSE CITY, MI 49685-0808

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	Name of Exempt Organization GOODWILL INDUSTRIES OF NORTHERN MICHIGAN, INC.	Employer identification number 38-1976268
	Number, street, and room or suite no. If a P.O. box, see instructions. 2279 SOUTH AIRPORT RD W.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TRAVERSE CITY, MI 49684	

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 16, 2005 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, 2003, and ending SEP 30, 2004.

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 Laura Mark Title CPA Date 2-11-05

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