

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

2005

Open to Public Inspection

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

A For the 2005 calendar year, or tax year beginning **OCT 1, 2005** and ending **SEP 30, 2006**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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 ▶ **N/A**

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 Group Exemption Number ▶ **N/A**

G Website: ▶ **WWW.GOODWILLNMI.ORG**

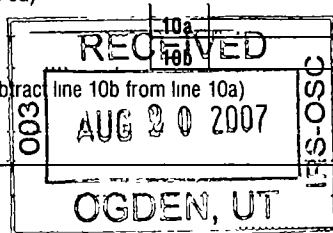
J Organization type (check only one) ▶ 501(c)(3) (insert no) 4947(a)(1) or 527

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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **6,232,132.**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	1,157,644.	
	b	Indirect public support	1b	31,262.	
	c	Government contributions (grants)	1c	185,873.	
	d	Total (add lines 1a through 1c) (cash \$ 245,503. noncash \$ 1,129,276.)	1d	1,374,779.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	4,845,264.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	12,089.	
	5	Dividends and interest from securities	5		
	6a	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			
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b	Less: cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
Revenue	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		
Revenue	10a	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		
Revenue	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	6,232,132.	
Expenses	13	Program services (from line 44, column (B))	13	5,452,875.	
	14	Management and general (from line 44, column (C))	14	564,698.	
	15	Fundraising (from line 44, column (D))	15		
	16	Payments to affiliates (attach schedule)	16	166,132.	
	17	Total expenses (add lines 16 and 44, column (A))	17	6,183,705.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	48,427.	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,550,666.	
	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	1,599,093.	



SEE STATEMENT 2

SCANNED SEP 06 2007

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

Form 990 (2005)

38-1976268 Page 2

**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.

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 \$ <u>0</u> • noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>				
23 Specific assistance to individuals (attach schedule)	126,258.	126,258.	STATEMENT 5	
24 Benefits paid to or for members (attach schedule)				
25 Compensation of officers, directors, etc **	91,354.	0.	91,354.	0.
26 Other salaries and wages	2,498,962.	2,192,724.	306,238.	
27 Pension plan contributions	34,600.	31,657.	2,943.	
28 Other employee benefits	246,170.	213,328.	32,842.	
29 Payroll taxes	222,649.	189,428.	33,221.	
30 Professional fundraising fees				
31 Accounting fees	11,825.	10,642.	1,183.	
32 Legal fees	720.	648.	72.	
33 Supplies	140,875.	137,419.	3,456.	
34 Telephone	48,241.	40,472.	7,769.	
35 Postage and shipping	34,354.	32,246.	2,108.	
36 Occupancy	192,863.	192,863.		
37 Equipment rental and maintenance	97,632.	89,290.	8,342.	
38 Printing and publications				
39 Travel	31,492.	20,288.	11,204.	
40 Conferences, conventions, and meetings	5,960.	2,844.	3,116.	
41 Interest	241,495.	229,957.	11,538.	
42 Depreciation, depletion, etc. (attach schedule)	176,341.	168,418.	7,923.	
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g SEE STATEMENT 3	1,815,782.	1,774,393.	41,389.	
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	6,017,573.	5,452,875.	564,698.	0.

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

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

Form 990 (2005)

** SEE STATEMENT 4

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

Form 990 (2005)

38-1976268 Page **3**

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

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 7	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	
a SEE STATEMENT 6	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,904,150.
b GOODWILL ENGAGES IN MANUFACTURING AND SUBCONTRACTING TO PROVIDE TRANSITIONAL WORK ENVIRONMENT FOR CLIENTS. THEY SERVED 1,945 CLIENTS DURING THE YEAR.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	198,260.
c GOODWILL OPERATES A KITCHEN IN CONJUNCTION WITH NORTHWEST MICHIGAN HUMAN SERVICES AGENCY.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	98,004.
d GOODWILL OPERATES THREE RETAIL STORES AND ONE INTERNET STORE AS REVENUE SOURCES TO SUPPORT ITS PROGRAMS AND SERVICES, AND TO PROVIDE JOB TRAINING SITES.	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	3,252,461.
e Other program services (attach schedule)	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	5,452,875.

Form 990 (2005)

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

Form 990 (2005)

38-1976268 Page 4

Part IV Balance Sheets (See the instructions)

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

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	202,553.	45	299,396.	
	46 Savings and temporary cash investments	289,733.	46	326,908.	
	47 a Accounts receivable	178,655.			
	b Less: allowance for doubtful accounts				
			232,549.	47c	178,655.
	48 a Pledges receivable				
	b Less: allowance for doubtful accounts			48c	
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees			50	
	51 a Other notes and loans receivable				
	b Less: allowance for doubtful accounts			51c	
	52 Inventories for sale or use		68,499.	52	76,551.
	53 Prepaid expenses and deferred charges		53,012.	53	47,314.
	54 Investments - securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54	
55 a Investments - land, buildings, and equipment basis					
b Less: accumulated depreciation			55c		
56 Investments - other			56		
57 a Land, buildings, and equipment: basis	5,033,190.				
b Less: accumulated depreciation	1,269,343.				
58 Other assets (describe)		3,871,584.	57c	3,763,847.	
59 Total assets (must equal line 74) Add lines 45 through 58		4,717,930.	58	4,692,671.	
Liabilities	60 Accounts payable and accrued expenses	31,949.	60	248,258.	
	61 Grants payable		61		
	62 Deferred revenue	12,896.	62	1,280.	
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable STMT 8 STMT 9	2,878,753.	64b	2,806,261.	
	65 Other liabilities (describe SEE STATEMENT 10)	243,666.	65	37,779.	
66 Total liabilities. Add lines 60 through 65)		3,167,264.	66	3,093,578.	
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	1,550,666.	67	1,599,093.	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		1,550,666.	73	1,599,093.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		4,717,930.	74	4,692,671.	

Form 990 (2005)

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

Form 990 (2005)

38-1976268 Page 8

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

	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					1,330,687.
b MISCELLANEOUS					7,179.
c RETAIL SALES					3,507,398.
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	12,089.	
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.		12,089.	4,845,264.
105 Total (add line 104, columns (B), (D), and (E))					4,857,353.

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 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 the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 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 Sign Here	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.			
	Signature of officer	Date	Type or print name and title.	
	<i>Michael R. Hornby</i>	8/15/07	MICHAEL HORNBY, VICE-CHAIRPERS	
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP + 4		<input type="checkbox"/>	
	THE REHMANN GROUP	8-14-07		
	P.O. BOX 808			
	TRAVERSE CITY, MI 49685-0808			
523163 02-03-06			EIN	Phone no. (231) 946-3230

Form 990 (2005)

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

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

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

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

Name of the organization **GOODWILL INDUSTRIES OF
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
<u>RUTH A. BLICK</u> 856 MEADOWS DRIVE, TRAVERSE CITY, MI	RETAIL/MKGT 40.00	64,281.	2,222.	
<u>KENNETH J. HOMA</u> 11788 LAKE STREET, EMPIRE, MI 49630	HOUSING SERV 40.00	54,280.	9,324.	
<u>MARCIA E. WITTIG</u> 7761 CLEARWATER COURT, WILLIAMSBURG,	WORKFORCE DEV 40.00	50,798.	4,654.	
<u>LAURI L. HOLSO</u> 3313 MAPLE STREET, TRAVERSE CITY, MI	RETAIL GM 40.00	41,608.	8,758.	
Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other 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 ▶ \$ _____ \$ _____ (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? SEE STATEMENT 16	X	
c	Furnishing of goods, services, or facilities? SEE STATEMENT 17	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, 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
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4 a	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
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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)(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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,243,240.	1,244,437.	1,284,474.	1,177,994.	4,950,145.
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	4,201,580.	2,891,636.	2,841,889.	2,454,422.	12,389,527.
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	9,164.	5,796.	7,308.	4,868.	27,136.
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	5,453,984.	4,141,869.	4,133,671.	3,637,284.	17,366,808.
24 Line 23 minus line 17	1,252,404.	1,250,233.	1,291,782.	1,182,862.	4,977,281.
25 Enter 1% of line 23	54,540.	41,419.	41,337.	36,373.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 99,546.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 4,977,281.
d Add: Amounts from column (e) for lines: 18 27,136. 19 _____ 22 _____ 26b _____					26d 27,136.
e Public support (line 26c minus line 26d total)					26e 4,950,145.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.4548%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A	(2004)	(2003)	(2002)	(2001)	
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A	(2004)	(2003)	(2002)	(2001)	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	33h	
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	

GOODWILL INDUSTRIES OF

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)	36													
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37													
38	Total lobbying expenditures (add lines 36 and 37)	38													
39	Other exempt purpose expenditures	39													
40	Total exempt purpose expenditures (add lines 38 and 39)	40													
41	Lobbying nontaxable amount. Enter the amount from the following table -														
	<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </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	41	
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)	42													
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43													
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44													

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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

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

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
VEHICLES	VARIOUS	VARIOUS	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	16,419.	0.	16,419.	0.
TO FM 990, PART I, LN 8		16,419.	0.	16,419.	0.

FORM 990	PAYMENTS TO AFFILIATES	STATEMENT	2
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AFFILIATE'S NAME	AFFILIATE'S ADDRESS	AMOUNT
G.W. HOMELESS SERVICES OF NORTHERN MICHIGAN, INC.	2279 SOUTH AIRPORT RD. W., TRAVERSE CITY, MI 49684	166,132.
PURPOSE OF PAYMENT		
SUPPORT FOR GENERAL OPERATIONS		166,132.
TOTAL TO FORM 990, PART I, LINE 16		166,132.

FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
INSURANCE	81,120.	74,026.	7,094.	
UTILITIES	130,563.	127,105.	3,458.	
DUES AND SUBSCRIPTIONS	45,757.	45,551.	206.	
TRASH FEES	76,681.	74,846.	1,835.	
MISCELLANEOUS	48,197.	44,277.	3,920.	
SERVICE CHARGES	36,847.	36,021.	826.	
PROMOTIONAL EXPENSE	86,458.	85,071.	1,387.	
VEHICLE EXPENSE	34,884.	34,106.	778.	
COST OF GOODS SOLD	1,112,819.	1,112,819.		
EMERGENCY SERVICES	27,697.	27,697.		
BAD DEBT	1,493.	1,493.		
OFFICE SUPPLIES	49,038.	35,576.	13,462.	
CONTRACTED SERVICES	84,228.	75,805.	8,423.	
TOTAL TO FM 990, LN 43	1,815,782.	1,774,393.	41,389.	

FORM 990	OFFICER COMPENSATION ALLOCATION PART II, LINE 25	STATEMENT 4
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NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
CECIL MCNALLY	88,134.	3,220.	0.	91,354.
A. PROGRAM SERVICES				
B. MANAGEMENT AND GENERAL	88,134.	3,220.		91,354.
C. FUNDRAISING				
<hr/>				
TOTAL PROGRAM SERVICES				
TOTAL MANAGEMENT AND GENERAL				91,354.
TOTAL FUNDRAISING				
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PARTS V-A AND V-B				91,354.

FORM 990	SPECIFIC ASSISTANCE TO INDIVIDUALS	STATEMENT 5
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DESCRIPTION	AMOUNT
TRANSPORTATION AND ID	26,134.
MISCELLANEOUS	3,201.
EDUCATION	175.
WORK TOOLS	400.
TELEPHONE	766.
FOOD, SHELTER AND CLOTHING FOR INDIGENTS, ETC.	68,654.
MEDICAL, DENTAL AND HOSPITAL EXPENSES PROVIDED	26,928.
TOTAL TO FORM 990, PART II, LINE 23	126,258.

FORM 990 STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS STATEMENT 6

DESCRIPTION OF PROGRAM SERVICE ONE

GOODWILL OPERATES VARIOUS PROGRAMS PROVIDING CASE MANAGEMENT SERVICES TO THE COMMUNITY, WORKERS ON WHEELS, ENTREPRENEUR PROGRAM FOR AT-RISK TEENAGERS AND YOUNG ADULTS, ADJUDICATED SERVICES, VOCATIONAL EVALUATIONS, JOB TRAINING AND OTHER WORK

ASSISTANCE. THEY SERVED 6,159 CLIENTS DURING THE YEAR.

	GRANTS	EXPENSES
	<u> </u>	<u> </u>
TO FORM 990, PART III, LINE A		1,904,150.
	<u> </u>	<u> </u>

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7
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 MORTGAGES PAYABLE STATEMENT 8

DESCRIPTION	BALANCE DUE
<u> </u>	<u> </u>
HUNTINGTON BANK	0.
HUNTINGTON BANK	0.
HUNTINGTON BANK	0.
HUNTINGTON BANK	2,118,976.
HUNTINGTON BANK	312,259.
HUNTINGTON BANK	244,527.
HUNTINGTON BANK	130,499.
TOTAL INCLUDED ON FORM 990, PART IV, LINE 64B, COLUMN B	<u>2,806,261.</u>

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 9

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.	6.68%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN

ASSETS OF GOODWILL

RELATIONSHIP OF LENDER

COMMERCIAL BANK

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
	0.	0.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

FORM 990 OTHER LIABILITIES STATEMENT 10

DESCRIPTION	AMOUNT
INTEREST RATE SWAP OBLIGATION	37,779.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	37,779.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 11

DESCRIPTION	AMOUNT
AMOUNTS REPAYD BY AFFILIATE: G.W. HOMELESS SERVICES OF NORTHERN MICHIGAN	33,567.
TOTAL TO FORM 990, PART IV-A	33,567.

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT 12
DESCRIPTION		AMOUNT
AMOUNTS REPAID BY AFFILIATE: G.W. HOMELESS SERVICES OF NORTHERN MICHIGAN		<33,567.>
TOTAL TO FORM 990, PART IV-B		<33,567.>

FORM 990	PART V-A - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 13
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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DAVID MAXSON 5144 BIRCH GLEN ROAD LAKE ANN, MI 49650	DIRECTOR 1.00	0.	0.	0.
RUTH BLOOMER 818 EAST SILVER LAKE ROAD SOUTH TRAVERSE CITY, MI 49684	DIRECTOR 1.00	0.	0.	0.
LOUIS CZUBAK 793 SOUTH LONG LAKE RD. TRAVERSE CITY, MI 49684	DIRECTOR 1.00	0.	0.	0.
MARY STANTON 1240 SOUTH BAYVIEW TRAIL SUTTONS BAY, MI 49682	SECRETARY 1.00	0.	0.	0.
LINDA FISHER 4247 NORTH SHARON ROAD, SE KALKASKA, MI 49646	DIRECTOR 1.00	0.	0.	0.
MICHAEL HORNBY 314 NORTH ELMWOOD AVENUE TRAVERSE CITY, MI 49684	VICE CHAIRPERSON 1.00	0.	0.	0.
CECIL MCNALLY 911 S. UNION STREET TRAVERSE CITY, MI 49684	EXECUTIVE DIRECTOR 40.00	88,134.	3,220.	0.
MARY SUE CHRISTIAN 715 EASTGATE PLACE TRAVERSE CITY, MI 49684	DIRECTOR 1.00	0.	0.	0.

RALPH SOFFREDINE 220 HURON TRAVERSE CITY, MI 49686	DIRECTOR 1.00	0.	0.	0.
ROBERT L. JACKSON 4365 HILLCREST DRIVE TRAVERSE CITY, MI 49684	DIRECTOR 1.00	0.	0.	0.
RICHARD LUNG 3905 STONERIDGE DRIVE TRAVERSE CITY, MI 49684	TREASURER 1.00	0.	0.	0.
PAMELA ANN CUTHBERT 4810 CHURCH ROAD TRAVERSE CITY, MI 49684	DIRECTOR 1.00	0.	0.	0.
BUD THARP 18380 DOUGHERTY TRAVERSE CITY, MI 49686	CHAIRPERSON 1.00	0.	0.	0.
STEVE MORSE 4437 SOUTH INDEPENDENCE DRIVE SUTTONS BAY, MI 49682	DIRECTOR 1.00	0.	0.	0.
JAN WARREN 606 WEST TENTH STREET TRAVERSE CITY, MI 49684	DIRECTOR 1.00	0.	0.	0.
BOB ZIMMERMAN 3082 SILVER FARMS LANE TRAVERSE CITY, MI 49684	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		88,134.	3,220.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 14
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	

FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 15

INDIVIDUAL'S NAME

TITLE OR ROLE

CECIL MCNALLY

EXECUTIVE DIRECTOR

INDIVIDUAL'S NAME

TITLE OR ROLE

ROBERT ZIMMERMAN

DIRECTOR

EXPLANATION OF RELATIONSHIP

THE SON OF CECIL MCNALLY AND THE DAUGHTER OF ROBERT ZIMMERMAN ARE MARRIED.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2B

STATEMENT 16

THE ORGANIZATION LOANED MONEY TO G.W. HOMELESS SERVICES OF NORTHERN MICHIGAN, INC. THROUGHOUT THE YEAR FOR USE IN DAILY OPERATIONS. THE YEAR END BALANCE IS \$0.

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2C

STATEMENT 17

- THE ORGANIZATION HAS A MANAGEMENT AGREEMENT WITH G.W. HOMELESS SERVICES OF NORTHERN MICHIGAN, INC. WHICH CALLS FOR THE ORGANIZATION TO PROVIDE G.W. HOMELESS SERVICES WITH MANAGEMENT AND ADMINISTRATIVE SERVICES. THE ORGANIZATION RECEIVED FEES IN THE AMOUNT OF \$47,400 DURING THE YEAR FOR THESE SERVICES.
- THE ORGANIZATION HAS A MANAGEMENT AGREEMENT WITH G.W. SERVICES OF NORTHERN MICHIGAN, INC. WHICH CALLS FOR THE ORGANIZATION TO PROVIDE G.W. SERVICES WITH MANAGEMENT SERVICES AND THE USE OF CERTAIN FIXED ASSETS. THE ORGANIZATION RECEIVED FEES IN THE AMOUNT OF \$25,000 DURING THE YEAR FOR THESE SERVICES.

Goodwill Industries of Northern Michigan, Inc.**2005 Tax Year****Form 990****EIN: 38-1976268****Part IV, Line 57**

Cost	9/30/2005	Additions	Disposals	Transfers	9/30/2006
Land	920,773	-	-	-	920,773
Buildings & Improvements	3,491,533	-	-	73,396	3,564,929
Machinery & Equipment	320,472	2,278	-	-	322,750
Furniture & Fixtures	132,865	-	-	-	132,865
Vehicles	106,792	1,500	(16,419)	-	91,873
CIP	8,570	64,826	-	(73,396)	-
	<u>4,981,005</u>	<u>68,604</u>	<u>(16,419)</u>	<u>-</u>	<u>5,033,190</u>
Accumulated Depreciation	9/30/2005	Additions	Disposals	Transfers	9/30/2006
A/D-Building	(717,320)	(118,567)	-	-	(835,887)
A/D-Machinery & Equipment	(221,736)	(32,828)	-	-	(254,564)
A/D-Furniture & Fixtures	(85,801)	(11,226)	-	-	(97,027)
A/D-Vehicles	(84,564)	(13,720)	16,419	-	(81,865)
	<u>(1,109,421)</u>	<u>(176,341)</u>	<u>16,419</u>	<u>-</u>	<u>(1,269,343)</u>
Net Assets	<u>3,871,584</u>				<u>3,763,847</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)
- 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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

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. 2889 AERO PARK DRIVE 2279 South Airport Rd W	
File by the due date for filing your return. See instructions	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 |

- The books are in the care of ▶ **ROSE MARTIN**
Telephone No. ▶ **(231) 922-4805** FAX No. ▶ _____
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **MAY 15, 2007** 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, 2005**, and ending **SEP 30, 2006**
- 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**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- 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.		
Type or print. File by the extended due date for filing the return. See instructions.	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. 2889 AERO PARK DRIVE 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.

- The books are in the care of **▶ ROSE MARTIN**
Telephone No. **▶ (231) 922-4805** FAX No. **▶**
- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) **_____**. If this is for the **whole group**, check this box . If it is for **part of the group**, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2007**

5 For calendar year **_____**, or other tax year beginning **OCT 1, 2005** and ending **SEP 30, 2006**

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 NECESSARY 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 **▶ Laura Maerle** Title **▶ CPA** Date **▶ 5-15-07**

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.
- 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 a 10-day grace period.
- We cannot consider this application because it was filed after the extended 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.

Type or print	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