Form 990

Return of Organization Exempt from Income Tax

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

2004

Open to Public Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements. Department of the Treasury Internal Revenue Service 2004, and ending For the 2004 calendar year, or tax year beginning D Employer Identification Number Check if applicable: GOODWILL INDUSTRIES OF MIDDLE IN, INC. 62-0599413 Address change or print or type. See specific instruc-1015 HERMAN STREET E Telephone number Name change NASHVILLE, TN 37208 (615) 742-4151 Initial return Final return Other (specify) Amended return 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. X No H (a) Is this a group return for affiliates? . . . | Yes H (b) If 'Yes,' enter number of affiliates G Web site: ► HTTP://WWW.GOODWILLMIDTEN.ORG/ H (c) Are all affiliates included? (If 'No,' attach a list. See instructions.) Organization type 3 ◀ (insert no.) 4947(a)(1) or (check only one). H (d) is this a separate return filed by an Check here ▶ if the organization's gross receipts are normally not more than organization covered by a group ruling? \$25,000. The organization need not file a return with the IRS; but if the organization Group Exemption Number. . received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return. М Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ► 24, 161, 909 Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions) 1 Contributions, gifts, grants, and similar amounts received: 20,618 76,622. b Indirect public support..... 1 b 229,765 c Government contributions (grants)..... d Total (add lines la through 1c) (cash \$ 327,005. 327,005. noncash \$ 23,762,564. 2 Program service revenue including government fees and contracts (from Part VII, line 2 3 Membership dues and assessments...... 3 4 Interest on savings and temporary cash investments...... 4 34,694. 5 7,030. 5 Dividends and interest from securities...... c Net rental income or (loss) (subtract line 6b from line 6a)

7 Other investment income (describe 6a Gross rents 6h 6с 7 Other investment income (describe... 7 (A) Securities (B) Other 8a Gross amount from sales of assets other 20,000 8a 10,581. than inventory 15,554 52,921. b Less: cost or other basis and sales expenses 8ь c Gain or (loss) (attach schedule). . . . STATEMENT . 1 4,446. 8с -42.340.8d -37,894. 9 Special events and activities (attach schedule). If any amount is from gaming, check here..... a Gross revenue (not including 9b **b** Less: direct expenses other than fundraising expenses..... c Net income or (loss) from special events (subtract line 9b from line 9a)...... 90 10a Gross sales of inventory, less returns and allowances..... c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 100 11 Other revenue (from Part VII, line 103)..... 35. 11 **12 Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)..... 12 24,093,434. Program services (from line 44, column (B)) 19,604,476. 13 14 Management and general (from line 44, column (C))..... 14 3,190,881. Fundraising (from line 44, column (D))..... 15 16 Total expenses (add lines 16 and 44, column (A))..... 17 22,795,357. 1,298,077. 18 19 Net assets or fund balances at beginning of year (from line 73, column (A))..... 19 7,566,256. 13,782. 8,878,115.

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. Part II

| | o 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 (att sch) | | | | | |
| | (cash \$ | | | | | |
| | non-cash \$) | 22 | | | | |
| 23 | Specific assistance to individuals (att sch) | 23 | | | | |
| 24 25 | Benefits paid to or for members (att sch) | 25 | 375,275. | 47,670. | 327,605. | |
| 26 | Other salaries and wages | 26 | 12,329,272. | 11,048,593. | 1,280,679. | |
| 27 | Pension plan contributions | 27 | | | | |
| 28 | Other employee benefits | 28 | 571,936. | 490,953. | 80 <i>,</i> 983. | |
| 29 | Payroll taxes | 29 | 1,295,538. | 1,164,055. | 131,483. | |
| 30 | Professional fundraising fees | 30 | | | | |
| 31 | Accounting fees | 31 | 25,275. | | 25,275. | |
| 32 | Legal fees | 32 | 5,640. | 5,255. | 385. | |
| 33 | Supplies | 33 | 773,172. | 734,383. | 38,789. | |
| 34 | Telephone | 34 | 186,237. | 162,324. | 23,913. | |
| 35 | Postage and shipping | 35 | 49,784. | 40,247. | 9,537. | |
| 36 | Occupancy | 36 | 3,983,438. | 3,751,064. | 232,374. | |
| 37 | Equipment rental and maintenance | 37 | 80,812. | 69,387. | 11,425. | |
| 38 | Printing and publications | | 65,975. 415,035. | 24,121. | 41,854. | |
| 39 | Travel | | 10,901. | 381,426. 6,934. | 33,609. 3,967. | |
| 40 | Conferences, conventions, and meetings | | 172,977. | 0,934. | 172,977. | - |
| 41 42 | Depreciation, depletion, etc (attach schedule) | \vdash | 1,161,710. | 792,286. | 369,424. | |
| 42 | • | 142 | 1,101,710. | 152,200. | 303,424. | |
| | a SEE STATEMENT 3 | 43 a | 1,292,380. | 885,778. | 406,602. | |
| | p | | · · · · · · · · · · · · · · · · · · · | 000/1/0 | 1007002. | |
| | c | 40 | | | | |
| | т | 430 | | | | |
| | e | 436 | 3.8 | | | |
| 44 | Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15. | 44. | 75 -57 | 19,604,476. | 3,190,881. | 0. |
| Joir | at Costs. Check. ► if you are following | SOP | 98 | | 0,230,002. | <u> </u> |
| | any joint costs from a combined education | | | licitation reported in (B) | Program services? | . ► Yes X No |
| | es,' enter (i) the aggregate amount of thes | | | | mount allocated to Prog | |
| \$ | | llocate | d to Management and ge | neral \$ | ; and (iv) th | e amount allocated |
| | undraising \$. | | | | | |
| | t III Statement of Program Ser | | | | | |
| | at is the organization's primary exempt purp | | | ENT 4 | | Program Service Expenses (Required for 501(c)(3) and |
| clie | organizations must describe their exempt ponts served, publications issued, etc. Discus | s achi | evements that are not me | and concise manner, Si easurable, (Section 501(d | c)(3) & (4) organ | (4) organizations and 4947(a)(1) trusts; but |
| IZat | ons and 4947(a)(1) honexempt charitable | trusts | must also enter the amou | int of grants & allocation | s to others.) | optional for others.) |
| | a SEE STATEMENT 5 | | | | | |
| | | | | | | |
| | | | | ad allocations \$ | | 19,604,476. |
| | b | | (Grants an | iu anocations \$ | | 19,004,470. |
| | ~ | | | | | |
| | | | | | | |
| | | | (Grants an | ad allocations \$ | | |
| | c | | (Granto an | id directions 4 | | |
| | · | | | | | |
| | | | | | | |
| | | | Grants an | nd allocations \$ | | |
| | d | | | | | |
| | | | | | | |
| | | | | ad allocations \$ | | |
| | e Other program services | | | nd allocations \$ |) | |
| | f Total of Program Service Expenses (she | | | | | 19,604,476. |

72

73

74

8,878,115.

14,673,434.

7,566,256.

13,246,634

Form 990 (2004) Part IV Balance Sheets (See Instructions) **(B)** End of year (A) Beginning of year Where required, attached schedules and amounts within the description Note: column should be for end-of-year amounts only. 205,446. 176,700 45 46 2,118,527. 2,649,222 46 Savings and temporary cash investments..... 289,882 47 a 285,455. 4,427 249,447. 47 c 47 b 48 a 48 c 48 b 8,800. 50,817. 49 49 Grants receivable Receivables from officers, directors, trustees, and key 50 employees (attach schedule) 51 a 510 51 b 690,743. 515,474 52 52 Inventories for sale or use..... 102,508. 101,917. 53 54 Investments – securities (attach schedule)...SEE..ST..6 ► Cost X FMV 331,809 54 430,724. 55a Investments - land, buildings, & equipment: basis. b Less: accumulated depreciation 550 55 b (attach schedule)..... 56 56 Investments – other (attach schedule)...... 57a Land, buildings, and equipment: basis..... 17,788,078. b Less: accumulated depreciation (attach schedule)...........STATEMENT..7. 23,723 10,785,156. 7,002,922 57 c 46,075. Other assets (describe > SEE STATEMENT 8 525 58 14,673,434. 246,634 59 Total assets (add lines 45 through 58) (must equal line 74) 1,621,123. 243,333 60 60 Accounts payable and accrued expenses . . . 61 61 Grants payable..... 13,830 62 14,669. 62 Deferred revenue...... 63 63 Loans from officers, directors, trustees, and key employee 64a Tax-exempt bond liabilities (attach schedule 64a b Mortgages and other notes payable (attach schedule)..... SEE . STATEMENT. 9. 4,362,197. 64b 4,034,852. 65 Other liabilities (describe ►. SEE STATEMENT 10 61,018. 124,675. 65 5,680,378 5,795,319. 66 Total liabilities (add lines 60 through 65). . . . 66 Organizations that follow SFAS 117, check here > X and complete lines 67 through 69 and lines 73 and 74. 7,566,256 8,878,115. 67 68 69 Permanently restricted..... 69 Organizations that do not follow SFAS 117, check here and complete lines R FUND 70 Capital stock, trust principal, or current funds 70 71 Paid-in or capital surplus, or land, building, and equipment fund. . . . 71

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.

72 Retained earnings, endowment, accumulated income, or other funds

Total liabilities and net assets/fund balances(add lines 66 and 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)........

BAA

BALANCES

| orm 9 | 90 (2004) GOODWILL INDUST | RIES OF MIDDLE TN | , INC | 62-0599413 F | age 4 |
|------------|---|--|---|---|-------------|
| | IV-A Reconciliation of Reven Financial Statements wi per Return (See instruct | ue per Audited th Revenue | Part IV-B Reconciliation | of Expenses per Audited ements with Expenses | |
| a 1 | Fotal revenue, gains, and other support per audited financial statements | a 24,149,556. | a Total expenses and losse financial statements | s per audited a 22,837,6 | 597. |
| | Amounts included on line a but not on line 12, Form 990: | | b Amounts included on line on line 17, Form 990: | a but not | |
| ``' | Net unrealized gains on investments \$ 13,782. | | (1) Donated services and use of facilities \$ | T | |
| (2) | Donated services and use of facilities \$ | | (2) Prior year adjust- ments reported on line 20, Form 990 \$ | | |
| (3) | Recoveries of prior year grants \$ | | (3) Losses reported on line 20, Form 990 \$ | | |
| (4) | Other (specify): | | (4) Other (specify): | | |
| | SEE STM 11 \$ 42,340. | | SEE STMT 12\$ | | |
| | Add amounts on lines (1) through (4) | ь 56,122. | Add amounts on lines (1) throu | • • • | <u>340.</u> |
| c | Line a minus line b▶ | c 24,093,434. | c Line a minus line b | 1 1 1 1 1 1 1 1 | 351. |
| | Amounts included on line 12, Form 990 but not on line a: | | d Amounts included on line Form 990 but not on line | e 17, a: | |
| (1) | Investment expenses | | (1) Investment expenses | | |
| | not included on line 6b, Form 990 \$ | | not included on line 6b. Form 990 \$ | | |
| | Other (specify): | | (2) Other (specify): | | |
| | | | s | | |
| | Add amounts on lines (1) and (2) | d | Add amounts on thes (1 |) and (2) ► d | |
| е | Total revenue per line 12, Form 990 (line c plus line d) | e 24,093,434 | e Total expelises per line 990 line c plus line d). | 17, Form e 22, 795, | 357 |
| Part | | s, Trustees, and Key | inployees (List each one e | ven if not compensated; see instruct | |
| | (A) Name and address | (B) Title end average her week de joteen to position | (C) Compensation (I (if not paid, enter -0-) | D) Contributions to employee benefit lans and deferred compensation (E) Expens account and compensation | other |
| SEE | STATEMENT 13 | | | | |
| | | | 375,275. | 8,557. | 0 . |
| - | · | | | | |
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| | | - - - - | | | |
| | | | | | |
| 7 5 | Did any officer, director, trustee, or than \$100,000 from your organization | n and all related organizat | | ▶ \ Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | €No |

If 'Yes,' attach schedule - see instructions.

62-0599413

| Part VII Analysis of Income-Produ | | business income | Excluded by sec | ction 512, 513, or 514 | (E) |
|--|--|--|--|--|---|
| ote: Enter gross amounts unless therwise indicated. | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | Related or exempt function income |
| 93 Program service revenue: | | | | | 206 265 |
| a CONTRACT PROGRAM | | | | | 286,265 |
| b FEE FOR SERVICE | | | | | 90,632 |
| c GOODWILL GOVNT SERV. | | | | | 57,830 |
| d RETAIL PROGRAM | | | | | 23,327,837 |
| e | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees & contracts from government agencies | | | | | |
| 94 Membership dues and assessments. | | | | | |
| 95 Interest on savings & temporary cash invmnts | | | 14 | 34,694. | |
| 96 Dividends & interest from securities. | | | 14 | 7,030. | |
| 97 Net rental income or (loss) from real estate: | antariari un | at Grade C | | | |
| a debt-financed property | | | | | |
| b not debt-financed property | | | | | |
| 98 Net rental income or (loss) from pers prop | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets | ` | | | | |
| other than inventory | | | 18 | | |
| 101 Net income or (loss) from special events | . [| | | | |
| 102 Gross profit or (loss) from sales of inventory | | | | | |
| 103 Other revenue: a | | | | . I sandotta | |
| ь MISCELLANEOUS INCOME | | | 1 | 35. | |
| c | | | | | |
| d | | | | | |
| e | | | | 4 | |
| | | - | | 3,865. | 23,762,564 |
| 104 Subtotal (add columns (B), (D), and (E)) | | | | | |
| Part VIII Relationship of Activities |), and (E)) qual the amount s to the Acco | on line 12, Part I. omplishment of Ex | Garage Control | Ses (See instructions.) | 23,766,42 |
| 105 Total (add line 104, columns (B), (D) lote: Line 105 plus line 1d, Part I, should e |), and (E)) qual the amount s to the Acco | on line 12, Part I. omplishment of Ex | Garage Control | Ses (See instructions.) | 23,766,429 |
| 105 Total (add line 104, columns (B), (D) lote: Line 105 plus line 1d, Part I, should e Part VIII Relationship of Activities Line No. Explain how each activity for wh |), and (E)) qual the amount s to the Acco | on line 12, Part I. omplishment of Ex | Garage Control | Ses (See instructions.) | 23,766,429 |
| 105 Total (add line 104, columns (B), (D) tote: Line 105 plus line 1d, Part I, should e Part VIII Relationship of Activities Line No. Explain how each activity for whof the organization's exempt pu |), and (E)) qual the amount s to the Acco | on line 12, Part I. omplishment of Ex | Garage Control | Ses (See instructions.) | 23,766,429 |
| 105 Total (add line 104, columns (B), (D) tote: Line 105 plus line 1d, Part I, should e Part VIII Relationship of Activities Line No. Explain how each activity for whof the organization's exempt pu |), and (E)) qual the amount s to the Acco | on line 12, Part I. omplishment of Ex | Garage Control | Ses (See instructions.) | 23,766,429 |
| 105 Total (add line 104, columns (B), (D) lote: Line 105 plus line 1d, Part I, should e Part VIII Relationship of Activities Line No. Explain how each activity for whof the organization's exempt pu SEE STATEMENT 14 |), and (E)) qual the amount s to the Acco nich income is re rposes (other th | on line 12, Part I. omplishment of Experies in courts for the court of the court o | of Part VII contrib or such purposes | Ses (See instructions.) uted importantly to the). | 23,766,429 |
| 105 Total (add line 104, columns (B), (D) Note: Line 105 plus line 1d, Part I, should e Part VIII Relationship of Activities Line No. Explain how each activity for whof the organization's exempt pu |), and (E)) qual the amount s to the Acco nich income is re rposes (other th | on line 12, Part I. complishment of Exported in column (f) of the providing funds for the providing fu | of Part VII contrib or such purposes | Ses (See instructions.) uted importantly to the). | 23,766,429 |
| 105 Total (add line 104, columns (B), (D) lote: Line 105 plus line 1d, Part I, should e Part VIII Relationship of Activities Line No. Explain how each activity for whof the organization's exempt pu SEE STATEMENT 14 Part IX Information Regarding T | axable Subs | on line 12, Part I. omplishment of Experies in courts for the providing funds funds for the providing funds funds for the providing funds for the pro | of Part VII contribution such purposes garded Entiti | Ses (See instructions.) uted importantly to the). es (See instructions.) | 23,766,429 |
| 105 Total (add line 104, columns (B), (D) Note: Line 105 plus line 1d, Part I, should e Part VIII Relationship of Activities Line No. Explain how each activity for whof the organization's exempt pu SEE STATEMENT 14 Part IX Information Regarding T (A) | axable Subs | on line 12, Part I. complishment of Exported in column (f) of the providing lands for the providing la | of Part VII contrib or such purposes garded Entiti | es (See instructions.) es (See instructions.) (D) | 23,766,429 accomplishment |
| 105 Total (add line 104, columns (B), (D) lote: Line 105 plus line 1d, Part I, should e Part VIII Relationship of Activities Line No. Explain how each activity for whof the organization's exempt put SEE STATEMENT 14 Part IX: Information Regarding T (A) Name, address, and EIN of corporation, partnership, or disregarded entity | axable Subs | idiaries and Disre | of Part VII contribution such purposes garded Entiti | ces (See instructions.) uted importantly to the instructions.) es (See instructions.) (D) Total | 23,766,429 accomplishment (E) End-of-year |
| 105 Total (add line 104, columns (B), (D) lote: Line 105 plus line 1d, Part I, should e Part VIII Relationship of Activities Line No. Explain how each activity for whof the organization's exempt put SEE STATEMENT 14 Part IX: Information Regarding T (A) Name, address, and EIN of corporation, partnership, or disregarded entity | axable Subs | idiaries and Disre | of Part VII contribution such purposes garded Entiti | ces (See instructions.) uted importantly to the instructions.) es (See instructions.) (D) Total | 23,766,429 accomplishment (E) End-of-year |
| 105 Total (add line 104, columns (B), (D) Note: Line 105 plus line 1d, Part I, should e Part VIII Relationship of Activities Line No. Explain how each activity for whof the organization's exempt put SEE STATEMENT 14 Part IX Information Regarding T (A) Name, address, and EIN of corporation, partnership, or disregarded entity | axable Subs | idiaries and Disre | of Part VII contribution such purposes garded Entiti | ces (See instructions.) uted importantly to the instructions.) es (See instructions.) (D) Total | 23,766,429 accomplishment (E) End-of-year |
| 105 Total (add line 104, columns (B), (D) Note: Line 105 plus line 1d, Part I, should e Part VIII Relationship of Activities Line No. Explain how each activity for whof the organization's exempt put SEE STATEMENT 14 Part IX Information Regarding T (A) Name, address, and EIN of corporation, partnership, or disregarded entity | axable Subs | idiaries and Disre | of Part VII contribution such purposes garded Entiti | ces (See instructions.) uted importantly to the instructions.) es (See instructions.) (D) Total | 23,766,429 accomplishment (E) End-of-year |
| 105 Total (add line 104, columns (B), (D) Note: Line 105 plus line 1d, Part I, should e Part VIII Relationship of Activities Line No. Explain how each activity for whof the organization's exempt pu SEE STATEMENT 14 Part IX Information Regarding T (A) Name, address, and EIN of corporation, partnership, or disregarded entity N/A | axable Subs | idiaries and Disre | of Part VII contribution or such purposes garded Entiti C) f activities | es (See instructions.) (D) Total income | accomplishment (E) End-of-year assets |
| 105 Total (add line 104, columns (B), (D) Note: Line 105 plus line 1d, Part I, should e Part VIII Relationship of Activities Line No. Explain how each activity for whof the organization's exempt put SEE STATEMENT 14 Part IX Information Regarding T (A) Name, address, and EIN of corporation, partnership, or disregarded entity N/A Part X Information Regarding T | axable Subs (B) Percentag ownership in | idiaries and Disre on Share of Nature of Shares Sh | of Part VII contrib or such purposes egarded Entiti C) activities | es (See instructions.) uted importantly to the). es (See instructions.) (D) Total income Contracts (See instructions.) | 23,766,429 accomplishment (E) End-of-year assets |
| 105 Total (add line 104, columns (B), (D) Note: Line 105 plus line 1d, Part I, should e Part VIII Relationship of Activities Line No. Explain how each activity for whof the organization's exempt pu SEE STATEMENT 14 Part IX Information Regarding T (A) Name, address, and EIN of corporation, partnership, or disregarded entity N/A Part X Information Regarding T a Did the organization, during the year, receive any | axable Subs (B) Percentag ownership in | idiaries and Disress on Sociated with Personal Personal Personal Personal Personal Personal Personal Personal Per | garded Entitic) f activities sonal Benefit a personal benefit co | es (See instructions.) (b) (c) (d) (d) (d) (es) (see instructions.) (d) (d) (d) (es) (d) (d) (d) (d) (d) (es) (d) (d) (d) (d) (es) (d) (d) (d) (d) (d) (es) (es) (f) (f) (f) (f) (f) (f) (f) (| 23,766,429 accomplishment (E) End-of-year assets tructions.) Yes X No |
| 105 Total (add line 104, columns (B), (D) Note: Line 105 plus line 1d, Part I, should e Part VIII Relationship of Activities Line No. Explain how each activity for whof the organization's exempt pu SEE STATEMENT 14 Part IX Information Regarding T (A) Name, address, and EIN of corporation, partnership, or disregarded entity N/A Part X Information Regarding T a Did the organization, during the year, receive any b Did the organization, during the year, | axable Subs (B) Percentag ownership in Pransfers Ass y funds, directly or in pay premiums, co | idiaries and Disre sociated with Personal Security of payment of the security | garded Entitic) f activities sonal Benefit a personal benefit co | es (See instructions.) (b) (c) (d) (d) (d) (es) (see instructions.) (d) (d) (d) (es) (d) (d) (d) (d) (es) (d) (d) (d) (d) (es) (d) (d) (d) (d) (d) (es) (d) (d) (d) (d) (es) (d) (d) (d) (d) (d) (es) (d) (d) (d) (d) (es) (d) (d) (d) (d) (es) (d) (d) (d) (d) (d) (es) (es) (f) (f) (f) (f) (f) (f) (f) (| accomplishment (E) End-of-year assets |
| Total (add line 104, columns (B), (D) lote: Line 105 plus line 1d, Part I, should e Part VIII Relationship of Activities Line No. Explain how each activity for whof the organization's exempt pu SEE STATEMENT 14 Part IX Information Regarding T (A) Name, address, and EIN of corporation, partnership, or disregarded entity N/A Part X Information Regarding T a Did the organization, during the year, receive any b Did the organization, during the year, Note: If 'Yes' to (b). file Form 8870 and | axable Subs (B) Percentag ownership in Fransfers Ass y funds, directly or in pay premiums, of Form 4720 (see | idiaries and Disre sociated with Personal Security of payment of the security | garded Entitic c) f activities sonal Benefit a personal benefit co | es (See instructions.) (b) Total income Contracts (See instructions.) | accomplishment (E) End-of-year assets cructions.) Yes X No |
| Total (add line 104, columns (B), (D) lote: Line 105 plus line 1d, Part I, should e Part VIII Relationship of Activities Line No. Explain how each activity for whof the organization's exempt pu SEE STATEMENT 14 Part IX Information Regarding T (A) Name, address, and EIN of corporation, partnership, or disregarded entity N/A Part X Information Regarding T a Did the organization, during the year, receive any b Did the organization, during the year, | axable Subs (B) Percentag ownership in Fransfers Ass y funds, directly or in pay premiums, of Form 4720 (see | idiaries and Disre sociated with Personal Security of payment of the security | garded Entitic c) f activities sonal Benefit a personal benefit co | es (See instructions.) (b) Total income Contracts (See instructions.) | accomplishment (E) End-of-year assets cructions.) Yes X No |
| 105 Total (add line 104, columns (B), (D) Note: Line 105 plus line 1d, Part I, should e Part VIII Relationship of Activities Line No. Explain how each activity for whof the organization's exempt put SEE STATEMENT 14 Part IX Information Regarding T (A) Name, address, and EIN of corporation, partnership, or disregarded entity N/A Part X Information Regarding T a Did the organization, during the year, receive any b Did the organization, during the year, Note: If 'Yes' to (b), file Form 8870 and Under penalties of perjury, I declare that true, correct, and complete. Declaration of | axable Subs (B) Percentag ownership in Fransfers Ass y funds, directly or in pay premiums, of Form 4720 (see | idiaries and Disre sociated with Personal Security of payment of the security | garded Entitic c) f activities sonal Benefit a personal benefit co | es (See instructions.) (b) Total income Contracts (See instructions.) | accomplishment (E) End-of-year assets cructions.) Yes X No |
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| Total (add line 104, columns (B), (D) Note: Line 105 plus line 1d, Part I, should e Part VIII Relationship of Activities Line No. Explain how each activity for whof the organization's exempt put SEE STATEMENT 14 Part IX Information Regarding T (A) Name, address, and EIN of corporation, partnership, or disregarded entity N/A Part X Information Regarding T a Did the organization, during the year, receive any b Did the organization, during the year, Note: If 'Yes' to (b), file Form 8870 and Under penalties of perjury, I declare that true, correct, and complete. Declaration of Signature of officer Signature of officer | axable Subs (B) Percentag ownership in Fransfers Ass y funds, directly or in pay premiums, of Form 4720 (see | idiaries and Disre sociated with Personal Security of payment of the security | garded Entitic c) f activities sonal Benefit a personal benefit co | es (See instructions.) (b) Total income Contracts (See instructions.) | accomplishment (E) End-of-year assets cructions.) Yes X No |
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| Total (add line 104, columns (B), (D) Note: Line 105 plus line 1d, Part I, should e Part VIII Relationship of Activities Line No. Explain how each activity for whof the organization's exempt put SEE STATEMENT 14 Part IX Information Regarding T (A) Name, address, and EIN of corporation, partnership, or disregarded entity N/A Part X Information Regarding T a Did the organization, during the year, receive any b Did the organization, during the year, Note: If 'Yes' to (b), file Form 8870 and Under print name and title. Please Signature of officer Type or print name and title. | axable Subs (B) Percentag ownership in Fransfers Ass y funds, directly or in pay premiums, of Form 4720 (see | idiaries and Disre sociated with Personal Security of payment of the security | garded Entitic c) f activities sonal Benefit a personal benefit co | es (See instructions.) (B) (Contracts (See instructions.) (| accomplishment (E) End-of-year assets tructions.) Yes X No Yes X No No Nowledge and belief, it is |
| Total (add line 104, columns (B), (D) Note: Line 105 plus line 1d, Part I, should e Part VIII Relationship of Activities Line No. Explain how each activity for whof the organization's exempt pu SEE STATEMENT 14 Part IX Information Regarding T (A) Name, address, and EIN of corporation, partnership, or disregarded entity N/A Part X Information Regarding T a Did the organization, during the year, receive any b Did the organization, during the year, Note: If 'Yes' to (b), file Form 8870 and Under penalties of perjury, I declare that true, correct, and complete. Declaration of Please Sign Here Preparer's Type or print name and title. Preparer's Signature of officer | axable Subs (B) Percentag ownership in Fransfers Ass y funds, directly or in pay premiums, of Form 4720 (see | idiaries and Disre sociated with Personal Security of payment of the security | of Part VII contribution or such purposes regarded Entitic c) f activities sonal Benefit a personal benefit co a personal benefit co a personal benefit co | es (See instructions.) Use (See instructions.) (B) Total income Contracts (See instructions.) efficient contract? Date Check if self. | accomplishment (E) End-of-year assets cructions.) Yes X No Yes X No |
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| Total (add line 104, columns (B), (D) Note: Line 105 plus line 1d, Part I, should e Part VIII Relationship of Activities Line No. Explain how each activity for whof the organization's exempt pu SEE STATEMENT 14 Part IX Information Regarding T (A) Name, address, and EIN of corporation, partnership, or disregarded entity N/A Part X Information Regarding T a Did the organization, during the year, receive any b Did the organization, during the year, Note: If 'Yes' to (b), file Form 8870 and Under, correct, and complete. Declaration of true, correct, and complete. Declaration of true, preparer's signature Paid Preparer's signature of officer Firm's name (or FRASIER, Declaration or yours if self- Type or print name and title. Preparer's signature of FRASIER, Declaration or yours if self- Type or print name and title. | Transfers Ass y funds, directly or in pay premiums, of Form 4720 (see I) here examined this of preparer (other than | idiaries and Disre the of Nature of the second with Personal directly, to pay premiums on directly or indirectly, or instructions). RELETA, PLLC | of Part VII contribution or such purposes regarded Entitic c) f activities sonal Benefit a personal benefit co a personal benefit co a personal benefit co | es (See instructions.) (B) (Contracts (See instructions.) (Contracts (See instructions.) (Contracts (See instructions.) (D) (D) (D) (D) (D) (D) (D) (| accomplishment (E) End-of-year assets tructions.) Yes X No Yes X No nowledge and belief, it is |
| 105 Total (add line 104, columns (B), (D) Note: Line 105 plus line 1d, Part I, should e Part VIII Relationship of Activities Line No. Explain how each activity for whof the organization's exempt pu SEE STATEMENT 14 Part IX Information Regarding T (A) Name, address, and EIN of corporation, partnership, or disregarded entity N/A Part X Information Regarding T a Did the organization, during the year, receive any b Did the organization, during the year, Note: If 'Yes' to (b). file Form 8870 and Under penalties of perjury, I declare that I true, correct, and complete. Declaration of Please Sign Here Preparer's Signature of officer Preparer's Signature of FRASIER, Declaration of the part o | Transfers Assy funds, directly or in pay premiums, of Form 4720 (see It have examined this of the preparer (other than the preparer than the preparer (other than the preparer tha | idiaries and Disre the of Nature of the second with Personal directly, to pay premiums on directly or indirectly, or instructions). RELETA, PLLC | of Part VII contribution or such purposes regarded Entitic c) f activities sonal Benefit a personal benefit co a personal benefit co a personal benefit co | es (See instructions.) (B) Total income Contracts (See instructions.) Date | accomplishment (E) End-of-year assets Tructions.) Yes X No Yes X No nowledge and belief, it is |

SCHEDULE A (Form 990 or 990-EZ)

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

2004 Supplementary Information - (See separate instructions.)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 62-0599413 GOODWILL INDUSTRIES OF MIDDLE IN, INC Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions. List each one. If there are none, enter 'None.') (d) Contributions (e) Expense (a) Name and address of each (b) Title and average (c) Compensation to employee benefit plans and deferred employee paid more than \$50,000 hours per week account and other devoted to position allowances compensation DIR RETAIL DAVID JENKINS 94,298 8,917 0. 40 NASHVILLE, TN DIR PRODUCTS MIKE EISENBRAUN 40 82,655 9,101. 0. NASHVILLE, TN DIR LOSS PRVNTN STEVEN BAKER NASHVILLE, TN 3,756. 66,866 0. DIR DONATIONS KARL HOUSTON 73,744 3,012 0._ NASHVILLE, TN DIR MIS JOSEPH DUKE NASHVILLE, TN 2,983. 0. Total number of other employees paid over \$50,000 Compensation of the Five Highest Paid Independent Contractors for Professional Services Part II (See 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 DYE, VAN MOL AND LAWRENCE 209 7TH AVE. NORTH, NASHVILLE, TN 37219 ADVERTISING 224,246. DBS_ENTERPRISES____ P.O. BOX 363, FRANKLIN, TN 37065 CLEANING SERVICE 93,776. SOLOMON BUILDERS 4539 TROUSDALE, NASHVILLE, TN 37204 CONSTRUCTION 978,977. Total number of others receiving over

\$50,000 for professional services...

GOODWILL INDUSTRIES OF MIDDLE TN, INC.

62-0599413

Page 2

Page 3

| | IV-A Support Schedule (| | | | | nting. |
|-------|--|--|--|--|--|--|
| Note: | You may use the worksheet in the | e instructions for conv | erting from the accru | al to the cash method | of accounting. | |
| beair | ndar year (or fiscal year nning in) | (a) 2003 | (b) 2002 | (c) 2001 | (d) 2000 | (e) Total |
| 15 | Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) | 828,312. | 878,363. | 969,394. | 1,066,998. | 3,743,067. |
| | 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 | 19,301,929. | 18,097,319. | 15,230,818. | 13,612,446. | 66,242,512. |
| 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 | 25,934. | 22,945. | 24,936. | 80,881. | 154,696. |
| 19 | Net income from unrelated business activities not included in line 18 | | | | | |
| | 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 | | | | | |
| | Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets SEE. STMT15 | | 412. | | 18,376. | |
| | Total of lines 15 through 22 | | | 16,225,148. | 14,778,701. | |
| 24 | Line 23 minus line 17 | 854,673. | 901 720. | 994,330. | 1,166,255. | 3,916,978. |
| 25 | Enter 1% of line 23 | 201,566 | 189,990. | 162,251. | 147,787. | |
| | Organizations described on lines o Prepare a list for your records to show the supported organization) whose total gifts f return. Enter the total of all these excess | amounts₩ | | • | ► <u>26b</u> | |
| C | Total support for section 509(a)(1 | l) test: Enter line 24, | column (e) | | ► 26c | 3,916,978. |
| C | Add: Amounts from column (e) for Public support (line 26c minus line) | or lines: 18 | 154,696. | 19 | | |
| | Public cuppert (line 26e minus lin | | 19,215. | 260 | 26d | |
| | Public support percentage (line) | | | | | 3,743,067. |
| 27 | Organizations described on line For amounts included in lines 15, name of, and total amounts recei such amounts for each year: (2003) | 12: N/A , 16, and 17 that were ived in each year from | received from a 'disc n, each 'disqualified p | ualified person,' preperson.' Do not file thi | are a list for your reco s list with your return | .Enter the sum of |
| ı | For any amount included in line 1 show the name of, and amount re \$5,000. (Include in the list organi computing the difference between (the excess amounts) for each year. | 17 that was received for each year, izations described in lin the amount received ear: | rom each person (oth that was more than i ines 5 through 11, as I and the larger amou | er than 'disqualified p he larger of (1) the a well as individuals.) I nt described in (1) or | ersons'), prepare a lis mount on line 25 for t on ot file this list wit (2), enter the sum of | st for your records to the year or (2) h your return. After these differences |
| | (2003) | (2002) | (2001) _ | | _ (2000) | - |
| ď | Add: Amounts from column (e) for 17 Add: Line 27a total | or lines: 15 | | 16 | | |
| , | 1/ | 20 | nd line 27h tetal | 21 | 27c | |
| - | Public support (line 27c total min | us line 27d total) | in into 270 total | | 2/d | |
| f | I Add: Line 27a total Public support (line 27c total min Total support for section 509(a)(2 | 2) test: Enter amount i | from line 23 column | (e) ► 27f | 2/e | |
| | Public support percentage (line | • | | (-) | ▶ 27.0 | <u> </u> |
| | n Investment income percentage (| line 18, column (e) (n | umerator) divided by | line 27f (denominator | r)) ► 27h | % |
| | | | | | | |

²⁸ Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.

Page 4

Private School Questionnaire (See instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A Yes No 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? 29 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, 30 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 31 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: 32 a 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 32b 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?... 32d If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) PUBLIC COP 33 Does the organization discriminate by race in any way with respect to: a Students' rights or privileges? 33 a b Admissions policies?. 33b c Employment of faculty or administrative staff? 33 c d Scholarships or other financial assistance?.... 33 d 33e f Use of facilities?.... 331 q Athletic programs?... 33 g h Other extracurricular activities?..... 33h If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) 34a Does the organization receive any financial aid or assistance from a governmental agency? 34 a b Has the organization's right to such aid ever been revoked or suspended? 34b If you answered 'Yes' to either 34a or b, please explain using an attached statement. 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.

Page 5

Schedule A (Form 990 or 990-EZ) 2004 GOODWILL INDUSTRIES OF MIDDLE TN, II

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)

| M | 1 | Δ |
|---|---|---|

| I dit | V. V. V. P. S. | (To be completed ONLY by an | eligible organization th | nat filed Form | n 5768 | 3) | | | N/A |
|---------|----------------|------------------------------------|--------------------------|-----------------|-----------|----------|---------------|-----------------------------------|--|
| Check | (► a | if the organization belongs to | an affiliated group. | Check ► | b | if you c | hecke | ed 'a' and 'limited contr | ol' provisions apply. |
| Officer | <u>. u</u> | | bying Expenditu | | | | | (a) Affiliated group totals | (b) To be completed for ALL electing organizations |
| 36 | Total lo | bbying expenditures to influence | | | | [| 36 | | |
| 37 | Total lo | bbying expenditures to influence | a legislative body (di | rect lobbying | g) | [| 37 | | |
| 38 | | bbying expenditures (add lines 3 | | | | | 38 | | |
| 39 | | xempt purpose expenditures | | | | | 39 | | |
| 40 | Total ex | xempt purpose expenditures (add | d lines 38 and 39) | | | | 40 | | |
| | | ng nontaxable amount. Enter the | | | | ļ | | | And the state of t |
| | - | mount on line 40 is – | The lobbying non | | | - | | | |
| | Not ove | er \$500,000 | 20% of the amour | nt on line 40 | | | | | |
| | Over \$506 | 0,000 but not over \$1,000,000 | \$100,000 plus 15% of | the excess over | \$500,00 | 90 | | | |
| | Over \$1,0 | 000,000 but not over \$1,500,000 | \$175,000 plus 10% of | the excess over | \$1,000,0 | 000 - | 41 | | |
| | Over \$1,5 | 500,000 but not over \$17,000,000 | \$225,000 plus 5% of the | ne excess over | \$1,500,0 | 00 | | | |
| | Over \$ | 17,000,000 | \$1,000,000 | | | | | | |
| 42 | Grassro | oots nontaxable amount (enter 2 | 5% of line 41) | | | | 42 | - | |
| 43 | Subtrac | ct line 42 from line 36. Enter -0- | if line 42 is more than | ı line 36 | | | 43 | | |
| 44 | Subtra | ct line 41 from line 38. Enter -0- | if line 41 is more than | ı line 38 | | | 44 | | |
| | Cautio | n: If there is an amount on eithe | r line 43 or line 44, yo | ou must file | Form 4 | 1720. | | | |
| | | 4 | -Year Averaging | Period U | nder | Section | n 50 1 | l(h) | for 1 and |

(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.)

| | | | Lobbying Expen | ditures During 4 -Year | Averaging Period | |
|----|---|-------------|--------------------|------------------------|--------------------|---------------------|
| | Calendar year (or fiscal year beginning in) ► | (a) 2004 | (b) 2003 | 200 | (d) 2001 | (e) Total |
| 45 | Lobbying nontaxable amount | | all | | | |
| 46 | Lobbying ceiling amount (150% of line 45(e)) | O O | | | | |
| 47 | Total lobbying expenditures | | | | | |
| 48 | Grassroots non-taxable amount | | | | | |
| 49 | Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 50 | Grassroots lobbying expenditures | | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

| NT | 1 | 7 |
|----|---|---|
| IA | / | r |

| 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 | | | and the state of t |
| 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 | | | L |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | | | |
| i Total lobbying expenditures (add lines c through h.) | | | |
| If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities | i. | | |

Schedule A (Form 990 or 990-EZ) 2004 GOODWILL INDUSTRIES OF MIDDLE TN, I Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

| 51 Did the | reporting organization di | rectly or indi | rectly engage in any | of the following | with any other organization described | in section | 501(c |) |
|-------------|--|-----------------------------------|---|--|---|--------------------------|---------|--------|
| of the C | code (other than section is from the reporting org | 301(C)(3) OIG | janizations) or in sect | ion ser, relating | to political organizations | [| Yes | No |
| a Transfe | rs from the reporting org | anization to | a nonchantable exem | pt organization | | 51 a (i) | | X |
| (i) Cas | sh | | | | | a (ii) | | X |
| | ransactions: | | | | | | | |
| | | te with a non | ocharitable exempt ord | nanization | | b (i) | | Χ |
| (I) Sai | es or exchanges or asse | noncharitable | le evemnt organizațio | n | | b (ii) | | X |
| (II)Pui | etal of facilities, equipme | nt or other: | assets | | • | b (iii) | | X |
| (III) Rei | imburcoment arrangemen | nte | u330ta | | | b (iv) | | X |
| (IV) Ne | ons or loan guarantees | 1113 | | | | b (v) | | X |
| (V)LO | formance of services or | membership | or fundraising solicita | ations | | b (vi) | | X |
| c Sharing | of facilities, equipment | mailing lists | s, other assets, or pai | d employees | | С | | X |
| d If the a | inswer to any of the abounds, other assets, or serving arrains action or sharing arrains | ve is 'Yes,' co vices given by | omplete the following y the reporting organi ow in column (d) the v | schedule. Colur zation. If the or value of the goo | nn (b) should always show the fair ma ganization received less than fair mark ds, other assets, or services received: | rket value et value i | of n | |
| (a) | (b) | | (c) | | (d) | | | |
| Line no. | Amount involved | Name of r | noncharitable exempt | organization | Description of transfers, transactions, and | snaring arra | ngemen | |
| N/A | | | | | | | | |
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| | | N. | | | | | | |
| | | 1 | 5 | | | | | |
| descri | organization directly or in bed in section 501(c) of the complete the following | the Code (oth | iated with, or related ner than section 501(c | to, one or more c)(3)) or in secti | tax-exempt organizations on 527? | ► Y | es X |] No |
| DII Tes | , complete the following | scriedule. | (b) | | (c) | | | |
| | Name of organization | | Type of organ | nization | Description of relatio | nship | | |
| N/A | | | | | | | | |
| 14/11 | | | | | | | | |
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2004

FEDERAL STATEMENTS

PAGE 1

GOODWILL INDUSTRIES OF MIDDLE TN, INC.

62-0599413

STATEMENT 1 FORM 990, PART I, LINE 8 **NET GAIN (LOSS) FROM NONINVENTORY SALES**

PUBLICLY TRADED SECURITIES

GROSS SALES PRICE: COST OR OTHER BASIS: 20,000. 15,554.

TOTAL GAIN (LOSS) PUBLICLY TRADED SECURITIES \$

OTHER ASSETS

DESCRIPTION:

DISPOSAL OF FIXED ASSETS

DATE ACQUIRED: HOW ACQUIRED: DATE SOLD:

VARIOUS **PURCHASE** VARIOUS

TO WHOM SOLD:

GROSS SALES PRICE: COST OR OTHER BASIS: DEPRECIATION:

10,581. 291,746. 238,825.

GAIN (LOSS)

-42,340.

TOTAL GAIN (LOSS) OTHER ASSETS $\overline{\underline{s}}$

TOTAL NET GAIN (LOSS) ROM NONINVENTORY SALES \$

STATEMENT 2 FORM 990, PART I, LINE 20 OTHER CHANGES IN NET ASSETS OR FUND BALANCES

UNREALIZED GAIN ON INVESTMENTS.....

13,782. 13,782.

STATEMENT 3 FORM 990, PART II, LINE 43 OTHER EXPENSES

| | (A) TOTAL | (B) PROGRAM SERVICES | (C) MANAGEMENT & GENERAL | (D) <u>FUNDRAISING</u> |
|--|---|---|---|------------------------|
| ADVERTISING AWARDS BAD DEBT EXPENSE BANK SERVICE CHARGES CREDIT CARD FEES DUES EMPLOYEE RELATIONS INSURANCE-GENERAL LICENSES & PERMITS | 589,504. 1,203. 15,977. 30,361. 124,266. 124,712. 46,749. 151,475. 2,738. | 570,531. 1,103. 6,371. 12,024. 124,266. 3,087. 1,519. 2,519. 2,302. | 18,973. 100. 9,606. 18,337. 121,625. 45,230. 148,956. 436. | |
| MISCELLANEOUS NONCAPITALIZED PURCHASES PROFESSIONAL FEES | 1,977. 93,625. 104,312. | 1,904. 77,372. 79,759. | 73. 16,253. 24,553. | |

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|---|---|--|
| | GOODWILL INDUSTRIES OF MIDDLE TN, INC. | 62-0599413 |
| STATEMENT 3 (CONTINU FORM 990, PART II, LINE OTHER EXPENSES | JED) : 43 | |
| SUBSCRIPTIONS | (A) (B) (C) PROGRAM MANAGEMENT & GENERAL TOTAL S. 1,292,380. \$ 885,778. \$ 406,602 | |
| | ARY EXEMPT PURPOSE ICES FOR DISABLED AND DISADVANTAGED PEOPLE | |
| | | |
| STATEMENT 5 FORM 990, PART III, LINI STATEMENT OF PROGR | E A RAM SERVICE ACCOMPLISHMENTS | |
| FORM 990, PART III, LINI STATEMENT OF PROGR TO PROVIDE REHABILIT | GRANTS AN DESCRIPTION TATION SERVICES TRAINING AND EMPLOYMENT | |
| FORM 990, PART III, LINI STATEMENT OF PROGR TO PROVIDE REHABILITOPPORTUNITIES FOR HE | GRANTS AN ALLOCATION TATION SERVICES TRAINING AND EMPLOYMENT ANDICAPPED, DISALLED AND DISADVANTAGED INTEGRAL STEP TO IMPLOYMENT IN THE ET. | ND SERVICE |
| FORM 990, PART III, LINI STATEMENT OF PROGR TO PROVIDE REHABILI OPPORTUNITIES FOR HE INDIVIDUALS AS AN | DESCRIPTION TATION SERVICES TRAINING AND EMPLOYMENT ANDICAPPED, BILABLED AND DISADVANTAGED INTEGRAL SHER TO EMPLOYMENT IN THE ET. S EE 54 | ND SERVICE NS EXPENSES 19,604,476. |
| TO PROVIDE REHABILITY OPPORTUNITIES FOR HIS INDIVIDUALS AS AN EXISTING LABOR MARKS | DESCRIPTION TATION SERVICES TRAINING AND EMPLOYMENT ANDICAPPED, DISARLED AND DISADVANTAGED INTEGRAL SUEP TO IMPLOYMENT IN THE ET. S VALUATION VALUATION | ND SERVICE NS EXPENSES 19,604,476. |

TOTAL \$ 430,724.

TOTAL INVESTMENTS - SECURITIES \$ 430,724.

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FEDERAL STATEMENTS

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GOODWILL INDUSTRIES OF MIDDLE TN. INC.

62-0599413

STATEMENT 7 FORM 990, PART IV, LINE 57 LAND, BUILDINGS, AND EQUIPMENT

| CATEGORY | BASIS | ACCUM. DEPREC | BOOK VALUE |
|--|---|------------------------|---------------|
| AUTOMOBILES / TRANSPORTATION EQUIPMENT MACHINERY AND EQUIPMENT BUILDINGS IMPROVEMENTS LAND TOTAL | \$ 1,352,555. 4,461,744. 7,218,260. 3,477,526. 1,277,993. \$ 17,788,078. | 2,733,642. 984,476. | 1,728,102. |

STATEMENT 8 FORM 990, PART IV, LINE 58 OTHER ASSETS

33,825. 12,250. DEPOSITS. LOAN COSTS TOTAL \$

FORM 990, PART IV, LINE 64B
MORTGAGES AND OTHER NOTES PAYABLE

MORTGAGES PAYABLE

SUNTRUST BANK
BANK OF AMERICA

BALANCE DUE

1,923,935. 2,110,917.

TOTAL \$ 4,034,852.

STATEMENT 10 FORM 990, PART IV, LINE 65 OTHER LIABILITIES

DEFERRED COMPENSATION PLAN.... 124,675. 124,675. TOTAL \$

STATEMENT 11 FORM 990, PART IV-A, LINE B(4) OTHER AMOUNTS

LOSS ON DISPOSAL OF FIXED ASSETS..... 42,340. 42,340.

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|--|---|-------------|------------------|----------------------------|
| GOO | DOWILL INDUSTRIES OF MIDDLE | TN, INC. | 6 | 2-059941 |
| STATEMENT 12 FORM 990, PART IV-B, LINE B(4) OTHER AMOUNTS LOSS ON DISPOSAL OF FIXED A | SSETS | | \$ 4 TAL \$ 4 | 12,340. 12,340. |
| STATEMENT 13 FORM 990, PART V LIST OF OFFICERS, DIRECTORS, NAME AND ADDRESS | TITLE AND | COMPEN- BUT | TION TO AC | XPENSE CCOUNT/ OTHER |
| DAVID LIFSEY | PRESIDENT \$ | 178,500. \$ | | 0 |
| NASHVILLE, TN | 40 | | | |
| JAMES L. KNIGHT | CHAIRMAN | 0. | 0. | C |
| NASHVILLE, TN | 1 | 4 | | |
| GARY CORDELL | VICE CHAIRMAN | Ya- | 0. | (|
| NASHVILLE, TN | 1 ~ C.(| Jr. | | |
| JOHN W. STONE, III | VICE CHAIRMAN VLCA CHAIRMAN SECRETARY | 0. | 0. | 1 |
| NASHVILLE, TN 37203 | 111Pr. | | | |
| KATHLEEN M. WHALEN | SECRETARY | 0. | 0. | |
| NASHVILLE, TN | 1 | | | |
| ROBERT HAWKINS | DIRECTOR | 0. | 0. | |
| NASHVILLE, TN | 1 | | | |
| R. CRAIG LAINE | VICE CHAIRMAN | 0. | 0. | |
| NASHVILLE, TN | 1 | | | |
| KATE STAFFORD | DIRECTOR 1 | 0. | 0. | |
| NACHULLE WAY 22002 | 1 | | | |
| NASHVILLE, TN 37203 | | | | |
| JOHN TISHLER | LEGAL COUNSEL | 0. | 0. | |
| | LEGAL COUNSEL 1 | 0. | 0. | |

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GOODWILL INDUSTRIES OF MIDDLE TN, INC.

62-0599413

STATEMENT 13 (CONTINUED) FORM 990, PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | | COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|---------------------|--|----|-------------------|----------------------------------|------------------------------|
| TAMMY GLASS | VP FINANCE | \$ | 101,436. | \$ 4,216. | \$ 0. |
| CLARKSVILLE, TN | 40 | | | | |
| BETTY JOHNSON | VP EMPLOYMENT | | 95,339. | 3,942. | 0. |
| NASHVILLE, TN | 40 | | | | |
| J.G. DE LACEY | TRUSTEE | | 0. | 0. | 0. |
| MT. JULIET, TN | 1 | | | | |
| FARZIN FERDOWSI | DIRECTOR 1 | | 0. | 0. | 0. |
| BRENTWOOD, TN | 1 | | | | |
| TIMOTHY VAUGHN | DIRECTOR | | J. | 0. | 0. |
| NASHVILLE, TN | 1 | | PA | | |
| EARL BEASLEY | TRUSTEE C | , | 0. | 0. | 0. |
| NASHVILLE, TN | TRUSTEE C | | | | |
| WILLIAM CAMMACK | TRUSTEE | | 0. | 0. | 0. |
| NASHVILLE, TN | 1 | | | | |
| J.B. BAKER | DIRECTOR | | 0. | 0. | 0. |
| NASHVILLE, TN | 1 | | | | |
| RITA BENNETT | DIRECTOR 1 | | 0. | 0. | 0. |
| OLD HICKORY, TN | 1 | | | | |
| DEBORAH Y. FAULKNER | DIRECTOR | | 0. | 0. | 0. |
| NASHVILLE, TN | 1 | | | | |
| ARMANDO RAMIREZ | DIRECTOR 1 | | 0. | 0. | 0. |
| NASHVILLE, TN | 1 | | | | |
| DAVID VAN HOOSER | DIRECTOR 1 | | 0. | 0. | 0. |
| HENDERSONVILLE, TN | 1 | | | | |

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GOODWILL INDUSTRIES OF MIDDLE TN. INC.

62-0599413

STATEMENT 13 (CONTINUED) FORM 990, PART V LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

| NAME AND ADDRESS | TITLE AND AVERAGE HOURS PER WEEK DEVOTED | COMPEN- SATION | CONTRI- BUTION TO EBP & DC | EXPENSE ACCOUNT/ OTHER |
|------------------|--|-------------------|----------------------------------|------------------------------|
| JOHN VAN MOL | DIRECTOR | \$ 0 | \$ 0. | \$ 0. |
| NASHVILLE, TN | 1 | | | |
| L. HARDAWAY, JR. | DIRECTOR | 0 | 0. | 0. |
| NASHVILLE, TN | 1 | | | |
| | TOTAL | \$ 375,275 | \$ 8,557. | \$ 0. |

STATEMENT 14 FORM 990, PART VIII RELATIONSHIP OF ACTIVITIES TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

- LINE # EXPLANATION OF ACTIVITIES CONDUCT OF THE RETAIL PROGRAM PROVIDES TRAINING STATIONS USED TO PROVIDE WORK ADJUSTMENT, WORK EXPERIENCE, SKILL ACQUISITION, AND SHELTERED EMPLOYMENT FOR THE PERSONS WITH A VOCATIONAL DESABILITY OR DISADVANTAGE THROUGH THE PROCESSING AND SELLING OF DONATED MERCHANDISE.

 93A, B CONDUCT OF THE CONTRACTS PROGRAM PROVIDES TRAINING STATIONS USED TO PROVIDE WORK ADJUSTMENT, FOR EXPERIENCE, SKILL ACQUISITION, AND SHELTERED EMPLOYMENT FOR THE PERSONS WITH A VOCATIONAL DISABILITY OR DISADVANTAGE THROUGH THE PROVISIONS OF GOODS OF SERVICES ON A CONTRACTUAL PASSES TO
- THROUGH THE PROVISIONS OF GOODS OR SERVICES ON A CONTRACTUAL BASIS TO PRIVATE BUSINESSES AND GOVERNMENT AGENCIES.
- 93C MANAGEMENT FEES FROM GOODWILL GOVERNMENT SERVICES, INC. (GGS) USED TO PROVIDE LIMITED ADMINISTRATIVE AND MANAGEMENT SERVICES TO GGS.

STATEMENT 15 SCHEDULE A, PART IV-A, LINE 22 OTHER INCOME

| DESCRIPTION | | (A) | 2003 | <u>(B)</u> | 2002 | <u>(C)</u> | 2001 | (| D) 2000 | (E | OTAL (|
|----------------------|-------|-----|--------------|------------|--------------|------------|------|----------|--------------------|----|--------------------|
| MISCELLANEOUS INCOME | TOTAL | \$ | 427. 427. | \$ \$ | 412. 412. | \$ | 0. | \$ \$ | 18,376. 18,376. | \$ | 19,215. 19,215. |