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)

2005
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A Fo	r the 20	05 calendar year, or tax year beginning , 20	005, and ending	
B Chec	k if applicable	Please C Name of organization		D Employer identification number
\sqcup	Address change	use IRS GOODWILL INDUSTRIES OF MIDDLE TENNESSEE, INC		62-0599413
	Name change	print or Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number
Ш	Initial re turn	type.		
	Final return	See Specific 1015 HERMAN STREET		(615)742-4151
	Amended return	Instruc- City or town, state or country, and ZIP + 4		F Accounting method: Cash X Accrual
	Application pending	tions. NASHVILLE, TN 37208		Other (specify)
		 Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable 	H and I are not app	licable to section 527 organizations.
		trusts must attach a completed Schedule A (Form 990 or 990-EZ).	H(a) Is this a group	return for affiliates? Yes X No
G_W	ebsite:	http://www.goodwillmidten.org/	H(b) If "Yes," enter	number of affiliates
J 0	rganizatio	n type (check only one) ▶ X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	H(c) Are all affiliate	
K CI	neck here	if the organization's gross receipts are normally not more than \$25,000. The	(If "No," attack H(d) Is this a separat	n a list. See instructions.)
or	ganizatior	need not file a return with the IRS; but if the organization chooses to file a return, be		vered by a group ruling? Yes X No
SL	re to file a	complete return. Some states require a complete return.	I Group Exemp	otion Number
			M Check ▶	if the organization is not required
L G	ross recei	ts: Add lines 6b, 8b, 9b, and 10b to line 12	to attach Sch	B (Form 990, 990-EZ, or 990-PF).
Pari	Re	venue, Expenses, and Changes in Net Assets or Fund Balances (See the in	structions.)	
		ontributions, gifts, grants, and similar amounts received:		
	a	irect public support	27,618.	
		ndirect public support	47,611.	⊣
		Sovernment contributions (grants)	170,649.	7
		otal (add lines 1a through 1c) (cash \$ 245,878. noncash \$	1,0,013.	1d 245,878.
	2 1	rogram service revenue including government fees and contracts (from Part VII, line 93)		
	l .	Membership dues and assessments		
	1			
	1	nterest on savings and temporary cash investments		1 067
	1	vividends and interest from securities	4,007.	
	1	Gross rents		┦ [
	1	ess; rental expenses		\dashv_{c}
4.	1	let rental income or (loss) (subtract line 6b from line 6a)		6c
ng.		Other investment income (describe		7
Revenue	l .	Stood amount from sales of assets care.	Other	-
œ		nan inventory		-
		ess: cost or other basis and sales expenses 253,992. 8b		-
	C	Gain or (loss) (attach schedule)		
		let gain or (loss) (combine line 8c, columns (A) and (B))		. <mark>8d</mark> 64,701.
	9	Special events and activities (attach schedule). If any amount is from gaming, check he	re 🕨 🛄	
	a	Gross revenue (not including \$ of		
		contributions reported on line 1a)		_
	b	ess: direct expenses other than fundraising expenses		_
	c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c
	10 a	Gross sales of inventory, less returns and allowances		→ 1
		ess: cost of goods sold		_
	C	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line	10a)	. 10c
	1	Other revenue (from Part VII, line 103)		. 11 263.
		Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		
		Program services (from line 44, column (B))		
es		Management and general (from line 44, column (C))		
ens		Fundraising (from line 44, column (D))		
Expenses	1	Payments to affiliates (attach schedule)		140
ш		Total expenses (add lines 16 and 44, column (A))		
<u></u>	1	Excess or (deficit) for the year (subtract line 17 from line 12)		1
set		Net assets or fund balances at beginning of year (from line 73, column (A))		
Net Assets		Other changes in net assets or fund balances (attach explanation)		
Net	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	· · · · · · ·	
	rivacy A	ct and Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2005)

Pa	rt II	Statement of All org Functional Expenses organiz	janizat ations	ions must complete colum and section 4947(a)(1)	nn (A). Columns (B), (C), nonexempt charitable trus	and (D) are required for sists but optional for other	section 501(c)(3) and (4) s. (See the instructions.)	
	Do no	nt include amounts reported on line Sb. 8b, 9b, 10b, or 16 of Part I.	1	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Gran	ts and allocations (attach schedule)	22					
23	Spec	ific assistance to individuals (attach ule)	23					
24	Bene	fits paid to or for members (attach	24					
25	Com	ule)	25	395,184.	51,374.	343,810.		
26		salaries and wages	26	13,787,850.	12,381,736.			
27	Pens	ion plan contributions	27	131,084.	123,684.			
28	Other	employee benefits	28	683,087.	559,547.			
29		oll taxes	29	1,549,046.	1,380,209.	168,837.		
30	Profe	ssional fundraising fees	30					
31		unting fees	31	13,200.		13,200.		
32		fees	32	12,782.	12,782.			
33		lies	33	915,634.	868,304.	47,330.		
34	Telep	hone	34	199,542.	175,515.	24,027.		
35		ige and shipping	35	75,657.	67,094.	8,563.		
36	Occu	pancy	36	4,569,739.	4,312,647.	257,092.		
37	Equip	ment rental and maintenance	37	146,908.	132,467.	14,441.		
38	Printi	ng and publications	38	707,783.	636,831.	70,952.		
39	Trave	١	39	479,791.	437,539.	42,252.		
40	Confe	rences, conventions, and meetings	40	_15,449.	7,726.			
41	Intere	est	41	157,046.		157,046.		
42	Depre	ciation, depletion, etc. (attach schedule)	42	1,177,278.	922,568.	254,710.		
43	Other	expenses not covered above (itemize):						
a	STM	<u> </u>	43a	898,480.	411,630.	486,850.		
t) _ _		43b					
			43c					
C			43d					
			43e					
f			43f					
9			43g					
44	throug colum 13-15	functional expenses. Add lines 22 th 43. (Organizations completing ns (B)-(D), carry these totals to lines).	44	25,915,540.	22,481,653.	3,433,887.		
Joi	nt Cos	sts. Check ▶ if you are follow	ing S	SOP 98-2.				
Are	any jo	nt costs from a combined educational ca	mpai	gn and fundraising solicita			Yes X No	
		nter (i) the aggregate amount of these joi		sts \$		ated to Program services	\$;	
(iii)	the am	ount allocated to Management and gene	eral \$; and (iv) the amount a	llocated to Fundraising \$		
	Form 990 (2005)							

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Part III Statement of Program Service Accomplishments (See the instructions.)									
For par on	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.								
Wh	at is the organization's primary exempt purpos	se? ▶SEE STATEMENT 3		Program Service					
Αll	organizations must describe their exempt purpo	ose achievements in a clear and concise manner. State the numb		Expenses (Required for 501(c)(3) and					
		achievements that are not measurable. (Section 501(c)(3) and		(4) orgs., and 4947(a)(1) trusts; but optional for					
orga	anizations and 4947(a)(1) nonexempt charitable	trusts must also enter the amount of grants and allocations to other	s.)	others.)					
а	TO_PROVIDE_REHABILITATION_SER	VICES, TRAINING AND EMPLOYMENT							
	OPPORTUNITIES FOR HANDICAPPED	, DISABLED AND DISADVANTAGED							
		EP TO EMPLOYMENT IN THE							
	EXISTING LABOR MARKET								
	(Grants and allocations \$) If this amount includes foreign grants, check here		22,481,653.					
b									
		,							
	(Grants and allocations \$) If this amount includes foreign grants, check here							
С									
	(Grants and allocations \$) If this amount includes foreign grants, check here							
d									
	(Grants and allocations \$) If this amount includes foreign grants, check here							
е	Other program services (attach schedule)								
	(Grants and allocations \$) If this amount includes foreign grants, check here	Ш						
f	Total of Program Service Expenses (shoul	d equal line 44, column (B), Program services) ▶	•	22,481,653.					

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Pa	art IV	Balance Sheets (See the instructions.)			
٨	lote:	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
	45	Cash - non-interest-bearing	205,445.	45	291,115.
	46	Savings and temporary cash investments	2,118,527.	46	2,791,130.
		Accounts receivable			
	b	Less: allowance for doubtful accounts	285,455.	47c	402,962.
		Pledges receivable			
		Less: allowance for doubtful accounts		48c	
	49	Grants receivable	8,800.	49	NONE
	50			50	
	E4 a	(attach schedule)		30	
	эга	schedule)			
sts.	h	Less: allowance for doubtful accounts 51b		51c	
Assets	52	Inventories for sale or use	690,743.		771,443.
⋖	53	Prepaid expenses and deferred charges	102,508.		137,829.
	54	Investments - securities (attach schedule) STMT .4. ▶ ☐ Cost 🗶 FMV	430,724.		1,231,863.
		Investments - land, buildings, and			
		equipment: basis] [
	ь	Less: accumulated depreciation (attach			
		schedule)55b		55c	
	56	Investments - other (attach schedule)		56	
	57 a	Land, buildings, and equipment: basis 57a 18,688,851.			
		Less: accumulated depreciation (attach		}	
		schedule)	10,785,156.	57c	10,521,787.
	58	Other assets (describe >)	46,076.	58	44,896.
_	59	Total assets (must equal line 74). Add lines 45 through 58	14,673,434.		16,193,025.
	60	Accounts payable and accrued expenses	1,621,123.	1	1,916,094.
	61	Grants payable		61	
	62	Deferred revenue	14,669	62	14,741.
ies	63	Loans from officers, directors, trustees, and key employees (attach			
Liabilities		schedule)		63 64a	
iat		Tax-exempt bond liabilities (attach schedule)	4 024 050	 	2 645 040
		Mortgages and other notes payable (attach schedule)	4,034,852		3,645,848.
	65	Other liabilities (describe)	124,675	. 65	199,225.
		The state of the s	5,795,319	. 66	5,775,908.
_	66	Total liabilities. Add lines 60 through 65	3, 193, 319		3,773,300
	Orga	67 through 69 and lines 73 and 74.		1	
	67	Unrestricted	8,878,115	. 67	10,417,117
es	67 68	Temporarily restricted		68	
anc	69	Permanently restricted		69	
Bal	03	anizations that do not follow SFAS 117, check here			
b	Org	complete lines 70 through 74.			
Εū	70	Capital stock, trust principal, or current funds		70	
9	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
Net Assets or Fund Balances	72	Retained earnings, endowment, accumulated income, or other funds		72	
SS	73	Total net assets or fund balances (add lines 67 through 69 or lines			
ė		70 through 72;			
Z		column (A) must equal line 19; column (B) must equal line 21)	8,878,115	1 (10,417,117
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	14,673,434	. 74	16,193,025

P	art IV-A Reconci	liation of Revenue per Audited Fin ons.)	ancial Statemen	ts With Revenue	e per Return (Se	ee the
a	Total revenue, gains	s, and other support per audited financial	statements	• • • • • • • • •	a	27,506,720.
b	Amounts included o	n line a but not on Part I, line 12:				
1	Net unrealized gains	s on investments		[b1]		
2	Donated services ar	nd use of facilities		b2		
3	Recoveries of prior	ear grants		b3		
4	Other (specify):					
			- 	b4		
		h b4				
С	Subtract line b from	line a			<u>c</u>	27,506,720.
d		n Part I, line 12, but not on line a:		1 1		
1		s not included on Part I, line 6b				
2						
				d2		
	Add lines d1 and d2			• • • • • • • • • •	d	
e	Total revenue (Part art IV-B Reconci	I, line 12). Add lines c and d liation of Expenses per Audited Fire	nancial Stateme	nto With Evnand	▶ e	27,506,720.
						
а		losses per audited financial statements	• • • • • • • • • •	• • • • • • • • • • •	a	25,915,540.
b		n line a but not on Part I, line 17:		1 1		
1		nd use of facilities		1		
2	-	nts reported on Part I, line 20		l l		
3		Part I, line 20				
4	* * * * * * * * * * * * * * * * * * * *			1		
	•	h b4) (25,915,540.
С		line a		• • • • • • • • • • •	· · · · · · · C	25,915,540.
d		n Part I, line 17, but not on line a:		d1		
1	Investment expense	s not included on Part I, line 6b	• • • • • • • • • •	· · · - 		
2				1		
					d	
е	Total expenses (Pa	art I, line 17). Add lines c and d · · · · ·				25,915,540.
P		fficers, Directors, Trustees, and Ko				
		oyee at any time during the year even if th				
			(B)	(C) Compensation	(D) Contributions to employee	(E) Expense account
	(A) Name and address	Title and average hours per week devoted to position	(If not paid, enter -0)	benefit plans & deferred compensation plans	and other allowances
SE	E STATEMENT 5			395,184.	7,400.	-0-
]			
_						
]		
_						
]			
						Form 990 (2005)

			F .	
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	250 12 0	Х
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes.	-	1	
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	N/	A_
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	_ N /	A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt			
	organization?	80a	X	
b	If "Yes," enter the name of the organization GOODWILL GOVERNMENT SERVICES, INC. and check whether it is exempt or nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.)	i i		
	Did the organization file Form 1120-POL for this year?	81b		Χ

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Pai	t VI	Other Information (continued)			No
82 a	Did th	e organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at s	ubstantially less than fair rental value?	82	2a	X
b	If "Yes	," you may indicate the value of these items here. Do not include this amount			
	as rev	enue in Part I or as an expense in Part II. (See instructions in Part III.)	82b N/A	- 1	
83 a	Did the	e organization comply with the public inspection requirements for returns and exemption applications?	83	a X	
b	Did the	e organization comply with the disclosure requirements relating to quid pro quo contributions?		b X	<u> </u>
84 a	Did th	e organization solicit any contributions or gifts that were not tax deductible?	84	la	X
b	If "Yes	," did the organization include with every solicitation an express statement that such contributions			Ì
	•	s were not tax deductible?	84	b N/	<u>A</u>
85	501(c)	(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		ia N/	A
þ		e organization make only in-house lobbying expenditures of \$2,000 or less?	8.	ib N/	<u>A</u>
	If "Yes	"was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	on		
		ed a waiver for proxy tax owed for the prior year.			
		assessments, and similar amounts from members	85c N/A		
		n 162(e) lobbying and political expenditures	85d N/A		
е	Aggre	gate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A		
f	Taxab	ele amount of lobbying and political expenditures (line 85d less 85e)	85f N/A	1	
•		the organization elect to pay the section 6033(e) tax on the amount on line 85f?	· · · · · · · · · · · · · · · · · · ·	ig N/	<u>A</u>
h		ion 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f			
		ate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		5h N/	<u>A</u>
86		(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a N/A		
		receipts, included on line 12, for public use of club facilities	86b N/A	İ	
87		(1/2) orgs. Enter: a Gross income from members or shareholders	87a N/A	ļ	
b		income from other sources. (Do not net amounts due or paid to other	071	l	
		es against amounts due or received from them.)	87b N/A	Į	ļ
88		time during the year, did the organization own a 50% or greater interest in a taxable corporation or			
	•	ership, or an entity disregarded as separate from the organization under Regulations sections			١
		701-2 and 301.7701-3? If "Yes," complete Part IX		8	 X
89 a)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: n 4911 ▶ Ŋ/A ; section 4912 ▶ Ŋ/A ; section 4955 │	NI / B	1	
			N/A	1	
D)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
		the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach	g	эь	
		ement explaining each transaction Amount of tax imposed on the organization managers or disqualified persons during the year under		3D 1	1
С			•	N/A	١
		ins 4912, 4955, and 4958		N/F	
		: Amount of tax on line 89c, above, reimbursed by the organization e states with which a copy of this return is filed		IN/F	<u>, </u>
		to the the second of the time land the Atlanta Atlanta Atlanta (Considerations)	İg	0b 844	
		poks are in care of TAMMY GLASS	Telephone no. ► 615-742-		
91 a		ed at 1015 HERMAN STREET NASHVILLE, TN	ZIP+4 37208	4101	
	Locale	1015 HERMAN SIREET NASHVILLE, IN	37200		
		the decide the releader and did the experimetion have an interest in an experiment or other author	ity over	Yes	No
D		y time during the calendar year, did the organization have an interest in or a signature or other author ncial account in a foreign country (such as a bank account, securities account, or other financial acco		1b N/	A
					T
		s," enter the name of the foreign country ▶		1	
		ne instructions for exceptions and filling requirements for Form 15 F 90-22.1, Report of Foreign 5a Financial Accounts.	TIK .	ŀ	
_		y time during the calendar year, did the organization maintain an office outside of the United States?		1c	X
C		y time during the calendar year, did the organization maintain an office duside of the office States? s," enter the name of the foreign country		- 1	
92	II TE	on 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here			
J &		enter the amount of tax-exempt interest received or accrued during the tax year		N/2	<u>. </u>
_	and C	and the direction of the enterings interests to a decide a sering the territorial series		Form 990	

orm 990 (2005)					-0599413	Page 8
Part VII A	nalysis of Income-Produc	ing Activit	ies (See the ii	nstructions.)		
	s amounts unless otherwise	Unrel	ated business inc	ome Excluded b	y section 512, 513, or 514	(E) Related or
ndicated. 93 Program s	service revenue:	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	exempt function income
-	ACT PROGRAM					406,083.
b PER F	ROM SERVICE					52,514.
c GOODW	ILL GOVNT SER					54,193.
d RETAL	L PROGRAM					26,602,053.
f Medicare/N	Medicaid payments . , . ,					
g Fees and o	contracts from government agencies .					
94 Members	hip dues and assessments]				
	awings and temporary cash investments			14	66,968.	
	and interest from securises	Construence (e.g. const	Lately is not be to be \$100 had	14	4,067.	de allemidia que sen comelha de la la
_	i income or (loss) from real estate:					
	road property					
	inanced property					
	come or (loss) from personal property					
	estment income ,				64 701	
	a) from sales of easels other than inventory			18	64,701.	
	ne or (loss) from special events .					
102 Gross prov 103 Other rev	ilt or (loss) from sales of inventory					
b MISC		<u> </u>		01	263.	
					203.	
` <u></u>						
tos Subtolati	add columns (B), (D), and (E))	F 15 TO 1 TO 1			135,999.	27,124,843.
	d line 104, columns (B), (D), and (27,260,842.
Note: Line 105	plus line 1d, Part I, should equal t	he amount or	i ilne 12, Part I.			
Part VIII	Relationship of Activities	to the Acc	omplishment	of Exempt Purpo	ses (See the instruction	ons.)
	plain how each activity for which					omplishment
₩ of	the organization's exampt purpo	ses (other th	ian by providing fu	inds for such purposes).	
						
Part IX In	formation Regarding Taxa	hla Suhal	diarios and D	ismanded Entitie	e (See the instruction	<u>e)</u>
THE ALL ST	(A)		(B)	(C)	(D)	
	e, address, and EIN of corporation, arthership, or disregarded entity		Percentage of ownership interest	Nature of activities		End-of-year maps
P	arrivo and, or the occasion and		%			
			96			
			%			
			%			
Part X In	formation Regarding Tra	nsfers Ass		Personal Benefit	Contracts (See the in	structions.)
	ganization, during the year, receive a					Yes X No
(b) Did the	organization, during the year	r, pay prem	iums, directly	or indirectly, on a p	personal benefit contrac	
	s" to (b), file Form 8870 and F		_			
	Under penalties oyperjury, I decl and ballef, it is true, correct, and					
Please	and band, a is the context, and	Willipidia. De	Constitution of prepare	a footet a sau cencer y es mer		/
Sign	Same	arta	1		2/	12/2007
Here	Signature of officer	To 0		11/00	Date `	,
101C	Havidh	4+504	1, Fresia	1844 ICE/	<u></u>	····
	Type or print name and title.		<u> </u>			
	Preparer's			0A 100/8/2	Check if Pr	aperen's 85N or PTIN (See Gen. Inst. W
Paid	signat to	(<u> </u>	1 5/0/0	employed	398-66-0214
Preparer's	Firm's name (or yoursCR	SSLIN.		SOCIATES	EN >	62-1336737
Use Only	printings and 710 + 4		END AVENUE	,	Phone no.	
	NAS	HVILLE,	TN	372	03 na. ►	615-320-5500

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 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

GOODWILL INDUSTRIES OF MIDDLE TENN	ESSEE, INC		62-	0599413
Part I Compensation of the Five Highe (See page 1 of the instructions. List of	est Paid Employees C	Other Than Of one, enter "None	ficers, Directors, e.")	and Trustees
(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
DAVID JENKINS	DIR RETAIL			
NASHVILLE, TN	40	98,830.	3,140.	
MICHEAL EISENBRAUN	_ DIR PRODUCTS			
NASHVILLE, TN	40	92,104.	3,400.	
STEVEN BAKER	DIR LOSS PRVNTN			
NASHVILLE, TN	40	82,631.		
JOSEPH_DUKE	DIR MIS			
NASHVILLE, TN	40	82,018.	2,680.	
KARL HOUSTON	DIR DONATIONS			
NASHVILLE, TN	40	81,146.	2,479.	
Total number of other employees paid over \$50,000	15			
Part II-A Compensation of the Five High	est Paid Independent	Contractors	for Professional	Services
(See page 2 of the instructions. List				
(a) Name and address of each independent contractor paid	more than \$50,000	(b) Type of se	rvice	(c) Compensation
SEE STATEMENT 10				
Total number of others receiving over \$50,000 for professional services				
Part II-B Compensation of the Five Higher (List each contractor who performed firms. If there are none, enter "None	services other than pro	fessional servic	for Other Service es, whether individ	es uals or
(a) Name and address of each independent contractor paid n	nore than \$50,000	(b) Type of se	rvice	(c) Compensation
NONE				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

Total number of other contractors receiving over

\$50,000 for other services

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)

An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)	

(b) Line number

from above

	Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.							
	e: You may use the worksheet in the instructions	for converting from	the accrual to the	cash method of ac	counting.	 		
	endar 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.)	327,005.	828,312.	878,363.	969,394.	3,003,074.		
16	Membership fees received				= 1			
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	23,762,564.	19,301,929.	18,097,319.	15,230,818.	76,392,630.		
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					i		
	section 511 taxes) from businesses acquired							
	by the organization after June 30, 1975	41,724.	25,934.	22,945.	24,936.	115,539.		
19	Net income from unrelated business	11//21,	20,7551.	22/515.	21,750.	110,000.		
	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							
	The value of services or facilities furnished to							
21								
	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	35.	427.	412.	NONE			
23	Total of lines 15 through 22	1	20,156,602.	i e	16,225,148.	79,512,117.		
24	Line 23 minus line 17	368,764.	854,673.	901,720.	994,330.	3,119,487.		
25	Enter 1% of line 23	241,313.	201,566.	189,990.	162,251.			
26	Organizations described on lines 10 or 11: a	Enter 2% of amount	in column (e), line 24		▶ 26a	62,390.		
b	Prepare a list for your records to show the	name of and amo	unt contributed by	each person (other	er than a			
	governmental unit or publicly supported organi	ization) whose tota	l gifts for 2001	through 2004 exce	eeded the			
	amount shown in line 26a. Do not file this li	ist with your retur	n. Enter the total	of all these excess	s amounts 🕨 26b			
c	Total support for section 509(a)(1) test: Enter line 24,	column (e)			▶ 26c	3,119,487.		
d	Add: Amounts from column (e) for lines: 18	115,539. 1						
	22	874. 2	3b		▶ 26d	116,413.		
е	Public support (line 26c minus line 26d total)				> 00	3,003,074.		
f	Public support percentage (line 26e (numerator) div							
27	Organizations described on line 12: a For	amounts include	d in lines 15,	16, and 17 that	were received from	om a "disqualified		
	person," prepare a list for your records to she Do not file this list with your return. Enter the sum			received in each	year from, each "c	disqualified person."		
	NOT APPLICABLE	or such amounts for	cacii yeai.					
	(2004) (2003)		(2002)		(2001)			
h	For any amount included in line 17 that was r							
-	show the name of, and amount received for each							
	(Include in the list organizations described in line							
	the difference between the amount received ar amounts) for each year:	nd the larger amou	int described in (1) or (2), enter the	sum of these diffe	rences (the excess		
	(2004) (2003)		(2002)		/2001)			
	(2004) (2003)		(2002)		(2001)			
	A LL A control for an advance (a) for Person 45		•					
С	Add: Amounts from column (e) for lines: 15 20	<u>1</u>	•		. 1	1		
_	1/ 20	2	·		27c	-		
	Add: Line 27a total.	and line 27b total .			▶ 27d			
e	Public support (line 27c total minus line 27d total) .							
f	Total support for section 509(a)(2) test: Enter amount							
g	Public support percentage (line 27e (numerator) div							
<u>h</u>	Investment income percentage (line 18, column (e) Unusual Grants: For an organization describe	(numerator) divided	by line 27f (denomin	ator))	grante during 20	% % % % % % % % % % % % % % % % % % %		
28	prepare a list for your records to show, for							
	description of the nature of the grant. Do not file this							

Pa	art	Private School Questionnaire (See page 7 of the instructions.) NOT APPLICATION OF APPLICATION O	CABLE	Ξ	
	_	(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,	20	162	INU
••		other governing instrument, or in a resolution of its governing body?	29		<u> </u>
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,			
			30		
31		programs, and scholarships? Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	100		 -
J 1		the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			1
		that makes the policy known to all parts of the general community it serves?	31		
		If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
			1		
32		Does the organization maintain the following:			
	а	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		
		Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
		with student admissions, programs, and scholarships?	32c		<u> </u>
	d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		<u> </u>
		If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)		l	į
33		Does the organization discriminate by race in any way with respect to:			
JJ		boes the digamization discriminate by race in any way with respect to.			
	а	Students' rights or privileges?	33a		1
			'		
	b	Admissions policies?	33b		
			'		
	С	Employment of faculty or administrative staff?	33c		
	d	Scholarships or other financial assistance?	33d	ļ	
	е	Educational policies?	33e	ļ	
	,	the of feeliling			
	t	Use of facilities?	. 33f	-	
	~	Athletic programs?	22-		
	У	Attrietic programs:	. 33g	 	
	h	Other extracurricular activities?	33h		1
	••	Other extracurricular activities?	. 3311	 	
		If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
				l	ŀ
				1	
			1		
34	а	Does the organization receive any financial aid or assistance from a governmental agency?	. 34a		<u> </u>
	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.			
25		Describe accompanies and its that it has complied with the conflictable requirements of socilers 4.01 through 4.05			
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		
		OF NEV. 1 100, 10-00, 1070-2 O.D. 001, 001 covering radial nondiscinnilation: H. NO, attach an explanation			1

Sch	nedule A (Form 990 or 990-E	Z) 2005			62-05				Page 5
Pa		xpenditures by Ele							
		pleted ONLY by an e							
<u>Ch</u>	eck ▶ a if the organiz	cation belongs to an affiliat	ed group. Check	▶ b if you	checked			contro	ol" provisions apply. (b)
		imits on Lobbying	•			(a Affiliated tota	group		To be completed for ALL electing
		"expenditures" means							organizations
36	Total lobbying expendit				36				
37	Total lobbying expendit				37				
38		ures (add lines 36 and			38				
39				· · · · · · · · · · · ·	39			-+	
40	• • •				40				
41	, ,								
	If the amount on line 4		obying nontaxable am	`					
	Over \$500,000 but not over \$ Over \$1,000,000 but not over		0 plus 15% of the excess ove 0 plus 10% of the excess ove	· · · · · · · · · · · · · · · · · · ·	41				
	Over \$1,000,000 but not over		0 plus 5% of the excess over		7.				
		\$1,000,00		Ī					
42		amount (enter 25% of I	ine 41)		42				
43		ne 36. Enter -0- if line 4			43				
44		ne 38. Enter -0- if line 4			44				
	Caution: If there is an	amount on either line 4	3 or line 44, you must f	ile Form 4720.					
		4-Year	Averaging Period	Under Section	501(h)			
	(Some organizati	ons that made a section	n 501(h) election do no	t have to comple	ete all of	the five co	olumn	s belov	<i>1</i> .
		See the instruction	ns for lines 45 through	50 on page 11 c	of the ins	structions.)		
			Lobbying Expend	itures During	4-Year	Averagi	ng Pe	eriod	
	Calendar year (or fiscal	(a)	(b)	(c)	į	(d)	1	(e)
_	year beginning in) ▶	2005	2004	2003		20	02		Total
	Lobbying nontaxable				1			l	
<u>45</u>	amount · · · · · ·								
	Lobbying ceiling amount				- 1				
<u>46</u>	(150% of line 45(e))								
					1				
<u>47</u>				-	-				
4.0	Grassroots nontaxable							1	
48	amount · · · · · ·								
40	Grassroots ceiling amount								
49	Grassroots lobbying						-		
۶n	expenditures							1	
		Activity by Nonelec	ting Public Charitie	S	<u>-</u>	NOT	APPL	ICAB	LE
	, ,	ing only by organizat	•		-A) (Se				
Du	uring the year, did the organia								<u> </u>
att	tempt to influence public opir	nion on a legislative matter	or referendum, through t	he use of:	-		Yes	No	Amount
	a Volunteers								
	b Paid staff or managem	ent (Include compensa	tion in expenses report	ted on lines c	hrough	h.)			
	c Media advertisements								
1	d Mailings to members, I	egislators, or the public					<u> </u>		
-	·	ned or broadcast staten							
1		zations for lobbying purp						\vdash	
!	-	slators, their staffs, gov							
		s, seminars, conventior							
i		tures (Add lines c thro					Щ.		
		bove, also attach a stat	ement giving a detailed	description of t	he lobby	ing activit		1	
JS, 5E	A 1240 1.000						Sched	ule A (F	orm 990 or 990-EZ) 2005

Part VII

Part			Transfers To and Transactions and See page 12 of the instructions.)	d Relationships With Noncharitable	
51 C	Did the rep	porting organization directly	or indirectly engage in any of the followin	g with any other organization described in section	
		,	501(c)(3) organizations) or in section 52		
аΊ			ion to a noncharitable exempt organization		No
					X
					X
ВС	Other trans		th a noncharitable exempt organization	bú	v
	(ii) Durc	s or exchanges or assets with	charitable exempt organization	b(ii)	X
	(iii) Rent	al of facilities, equipment, o	r other assets	b(iii)	X
ì	(iv) Reim	nbursement arrangements		b(iv)	X
	(v) Loar	ns or loan guarantees		b(v)	Х
				b(vi)	Х
c 5	Sharing of	facilities, equipment, mailin	g lists, other assets, or paid employees		Х
		-		should always show the fair market value of the	
			he reporting organization. If the organization re		
t		T	in column (d) the value of the goods, other as:	· · · · · · · · · · · · · · · · · · ·	
1	(a) ine no.	(b) Amount involved	(c) Name of noncharitable exempt organization	 (d) Description of transfers, transactions, and sharing arrangemen 	its
		7 Milodik involvod	realis of iterialistic exempt organization	25551pton of transferred, transferred, and sharing analogomous	
N	/A				
17,	/ 11				
					
	described		tly affiliated with, or related to, one or more ode (other than section 501(c)(3)) or in sedule: (b)		√ No
	Na	me of organization	Type of organization	Description of relationship	
N	/A				
					-

-52,178. =========

FORM	990,	PART	Ι	-	OTHER	INCREASES	ΙN	FUND	BALANCES

TRUOMA DESCRIPTION ____ -52,178. UNREALIZED GAIN/LOSS

TOTAL

FORM 990, PART II - OTHER EXPENSES ______

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
INSURANCE - GENERAL	193,953.	141.	193,812.
CREDIT CARD FEES	185,072.	185,072.	
PROFESSIONAL FEES	118,187.	78,912.	39,275.
DUES	139,638.	2,590.	137,048.
NONCAPITALIZED PURCHASES	132,715.	112,293.	20,422.
EMPLOYEE RELATIONS	58,212.	3,205.	55,007.
MISCELLANEOUS	39,295.	13,220.	26,075.
BANK SERVICE CHARGE	29,407.	15,007.	14,400.
AWARDS	2,001.	1,190.	811.
TOTALS	898,480.	411,630.	486,850.
		==========	=============

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

REHABILITATION SERVICES FOR DIABLED AND DISADVANTAGED PEOPLE

GOODWILL INDUSTRIES OF MIDDLE TENNESSEE, INC	62-0	599413
FORM 990, PART IV - INVESTMENTS - SECURITIES	0	033113
DESCRIPTION	ENDING BOOK VALUE	COST OR FMV
T. ROWE PRICE FUNDS	1,231,863.	FMV
TOTALS	1,231,863	

1,231,863. ==========

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES _______

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	
DAVID LIFSEY NASHVILLE, TN	PRESIDENT 40	180,500.		
TAMMY GLASS CLARKSVILLE, TN	VP FINANCE 40	110,314.	3,815.	
BETTY JOHNSON NASHVILLE, TN	VP EMPLOYMENT 40	104,370.	3,585.	
GARY CORDELL FRANKLIN, TN	CHAIRMAN 1			
CRAIG LANE NASHVILLE, TN	VICE CHAIRMAN, BOD 1			
JOHN STONE, III NASHVILLE, TN	VICE CHAIRMAN 1			
KATHLEEN WHALEN NASHVILLE, TN	SECRETARY, BOD 1			
KEVIN MCDERMOTT NASHVILLE, TN	TREASURER, BOD 1			
JOHN TISHLER NASHVILLE, TN	LEGAL COUNCIL 1			
WILLIAM CAMMACK NASHVILLE, TN	TRUSTEE, BOD 1			
J.B. BAKER	BOARD OF DIRECTOR 1			

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES ______

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	
NASHVILLE, TN			- 	
EARL BEASLEY NASHVILLE, TN	BOARD OF DIRECTOR 1			
RITA BENNETT OLD HICKORY, TN	BOARD OF DIRECTOR 1			
DAVID CONDRA NASHVILLE, TN	BOARD OF DIRECTOR 1			
GARY CORDELL FRANKLIN, TN	BOARD OF DIRECTOR 1			
DEBORAH FAULKNER NASHVILLE, TN	BOARD OF DIRECTOR			
FARZIN FERDOWSI BRENTWOOD, TN	BOARD OF DIRECTOR			
SHELIA GIBSON NASHVILLE, TN	BOARD OF DIRECTOR			
MATTHEW GLOSTER NASHVILLE, TN	BOARD OF DIRECTOR 1			
L. HALL HARDAWAY, JR NASHVILLE, TN	BOARD OF DIRECTOR 1			
DECOSTA JENKINS NASHVILLE, TN	BOARD OF DIRECTOR 1			

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

EXPENSE ACCT AND OTHER ALLOWANCES											
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS											
COMPENSATION											
TITLE AND TIME DEVOTED TO POSITION	BOARD OF DIRECTOR	BOARD OF DIRECTOR	BOARD OF DIRECTOR	BOARD OF DIRECTOR	BOARD OF DIRECTOR	BOARD OF DIRECTOR	BOARD OF DIRECTOR	BOARD OF DIRECTOR	BOARD OF DIRECTOR	BOARD OF DIRECTOR	BOARD OF DIRECTOR
NAME AND ADDRESS	TOD JONES NASHVILLE, TN	ROBERT KENNEDY NASHVILLE, TN	JAMES KNIGHT NASHVILLE, TN	FRED MCLAUGHLIN NASHVILLE, TN	ROBERT MCNEILLY NASHVILLE, TN	ALAN MOORE NASHVILLE, TN	TY OSMAN NASHVILLE, TN	KENNETH PADGITT BRENTWOOD, TN	ARMANDO RAMIREZ FRANKLIN, TN	KATE STAFFORD NASHVILLE, TN	JOHN STONE, III

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES ______

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	AND OTHER
NASHVILLE, TN				
JOHN TISHLER NASHVILLE, TN	BOARD OF DIRECTOR			
DAVID VAN HOOSER NASHVILLE, TN	BOARD OF DIRECTOR 1			
JOHN VAN MOL NASHVILLE, TN	BOARD OF DIRECTOR 1			
TIMOTHY VAUGHN NASHVILLE, TN	BOARD OF DIRECTOR			
BILL WOOD GOODLETTSVILLE, TN	BOARD OF DIRECTOR			
CATO BASS NASHVILLE, TN	SENIOR BOARD 1			
HADEN COOKSEY NASHVILLE, TN	SENIOR BOARD 1			
J. G. DELACEY MT JULIET, TN	SENIOR BOARD			
FRANK EVANS NASVHILLE, TN	SENIOR BOARD			
ERNEST FREUDENTHAL NASHVILLE, TN	SENIOR BOARD			

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES ______

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
ELSINE KATZ NASHVILLE, TN	SENIOR BOARD			
CHARLES MOORE NASHVILLE, TN	SENIOR BOARD 1			
	GRAND TOTALS =	395,184.	7,400.	

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV. _____

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
DYE, VAN MOL & LAWRENCE 209 7TH AVE. NORTH NASHVILLE, TN 37219	ADVERTSISING	331,874.
	TOTAL COMPENSATION	331,874.