10392001

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047 2017 Open to Public

	artment of th		<ul> <li>Do not enter social security numbers on this form as it may be made public.</li> <li>Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul>		Open to Public Inspection	
<u>—</u>	For the	2017 cale	ndar year, or tax year beginning , and ending		in the same of the	
В	Check if app	hcable C	Name of organization GOODWILL INDUSTRIES OF NORTHEAST	D Employer i	dentification number	
	Address cha	inge	INDIANA, INC.			
$\overline{\Box}$	Name chang	70	Doing business as		05018	
吕	Initial return	1	Number and street (or P O box if mail is not delivered to street address)  Room/suite  1516 MAGNAVOX WAY	E Telephone number 260-478-7617		
님	Final return/		City or town, state or province, country, and ZIP or foreign postal code	_200 3	70 7017	
닏	terminated		FORT WAYNE IN 46804	G Gross receip	ots \$ 13,585,545	
$\sqcup$	Amended re		Name and address of pnncipal officer	<u> </u>		
	Application p	pending	WILLIAM WARRINER H(a) Is this a grou	up return for sub	ordinates? Yes X No	
		i	1516 MAGNAVOX WAY	ordinates includi	ed? 🔲 Yes 🗌 No	
			FORT WAYNE IN 46804	attach a list (se	ee instructions)	
1	Tax-exemp	nt status	X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527,			
<u>,                                     </u>	Website	FW(	GOODWILL.ORG H(c) Group exem	nption number	<u> </u>	
ĸ	Form of org		X Corporation Trust Association Other ▶ L Year of formation 1	993	M State of legal domicile IN	
蠹	Part I	Sum	mary			
		-	be the organization's mission or most significant activities:			
ø	:	-	LL PROVIDES OPPORTUNITIES FOR PEOPLE WITH DISABILITIES AND	EMPLOY	MENT	
an		BARRIE	RS TO BUILD INDEPENDENCE THROUGH EMPLOYMENT.			
er.						
30	2 CI		ox ▶ ☐ If the organization discontinued its operations or disposed of more than 25% of its net assets	1 1		
∞8	3 N		oting members of the governing body (Part VI, line 1a)	3	16	
ties	4 N		ndependent voting members of the governing body (Part VI, line 1b)	4	16	
Activities & Governance	5 10		er of individuals employed in calendar year 2017 (Part V, line 2a)	5	<u>419</u> 16	
¥	6 10		er of volunteers (estimate if necessary)	6	0	
	l .		ted business revenue from Part VIII, column (C), line 12 d business taxable income from Form 990-T, line 34	7a   7b		
_	1 B IN	et unrelate	d business (axable income from Point 990-1, line 34		Current Year	
	8 C	ontribution	s and grants (Part VIII, line 1h) RECEIVED 5, 469	9,702	5,500,357	
Revenue	9 P	rogram ser	()		0	
	10 In	vestment i		4,241	9,556	
Ω	11 0		ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 40c, and 11e)	1,096	2,794,256	
	12 T	otal revenu	ie – add lines o tillodgif i f (filost edual) art viit, Ebiania (2), line 12/	5,039	8,304,169	
	13 G	rants and	similar amounts paid (Part IX, column (A), lines 123) DUEN, UI		0	
	14 B	enefits par	d to or for members (Part IX, column (A), line 4)		0	
GA GA	). l			8,323	5,754,274	
90	월 <b>16a</b> P		I fundraising fees (Part IX, column (A), line 11e)			
Sec. Tr	b To		ising expenses (Part IX, column (D), line 25) ▶ 23, 091		2 210 720	
		-	,	6,777	3,210,739 8,965,013	
<b>(</b> 5		-		5,100 0,061		
	19 R	evenue les	ss expenses Subtract line 18 from line 12 -34 ( Beginning of Cun		End of Year	
ets	를 20 T	otal assets		4,074	5,529,613	
C SS	₽ 21 T			7,557	1,269,056	
I Net Assets ALJ G	된 22 N			6,517	4,260,557	
	Part II	Sign	ature Block			
			jury, I declare that I have examined this return, including accompanying schedules and statements, and to the bes pięte. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		rledge and belief, it is	
-	urue, conec	ct, and comp	Declaration of preparer (other train officer) is based on an information of which preparer has any knowledge		-11-18	
S	ign	Signa	ature of officer	Date	<del></del>	
	ere	N	VILLIAM WARRINER PRESIDENT & C	EO _		
		Туре	or print name and title			
		Print/Type pri	Property's suffature  Property's suffature  Property's suffature  Property's suffature  Property's suffature  Property's suffature	Check	d PTIN	
	,	MICHAEL		8 self-emp		
	reparer	Firm's name		imr's EIN	35-1939627	
U	se Only		6920 POINTE INVERNESS WAY #300			
_	1	Firm's addres		hone no	<u> 260-422-2551</u>	
_			nis return with the preparer shown above? (see instructions)		X Yes No	
FC DA		ork Reducti	on Act Notice, see the separate instructions.		Form 990 (2017)	

	9b (2017) 'GOODWILL INDUSTRIES OF NORTHEAST 35-1905018	Page <b>2</b>
Par	Statement of Program Service Accomplishments	তো
	Check if Schedule O contains a response or note to any line in this Part III	X
GC	Inefly describe the organization's mission: ODWILL PROVIDES OPPORTUNITIES FOR PEOPLE WITH DISABILITIES AND RRIERS TO BUILD INDEPENDENCE THROUGH EMPLOYMENT.	EMPLOYMENT
ı	Old the organization undertake any significant program services during the year which were not listed on the inor Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O	Yes X No
:	Old the organization cease conducting, or make significant changes in how it conducts, any program services?  f "Yes," describe these changes on Schedule O.	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	Code ) (Expenses \$ 8,085,914 including grants of \$ ) (Revenue \$	)
G( MI H( J( TI HZ	CE SCHEDULE O CODWILL WAS FOUNDED IN 1902 IN BOSTON, MA BY REV. EDGAR J. HELMS CODWILL WAS FOUNDED IN 1902 IN BOSTON, MA BY REV. EDGAR J. HELMS COLLECTED UNISHED BY THE MINISTER AND EARLY SOCIAL INNOVATOR. HELMS COLLECTED UNISHOLD GOODS AND CLOTHING IN WEALTHIER AREAS OF THE CITY AND EDBLESS MEN AND WOMEN TO REFURBISH THEM. INCOME FROM THE RESOLD HE WORKER'S WAGES. THE SYSTEM WORKED, AND THE GOODWILL PHILOSOF AND UP, NOT A HAND OUT" WAS BORN.  ODDAY REVEREND HELM'S PHILOSOPHY FLOURISHES AMONG 162 INDEPENDENT OF THE UNITED STATES AND WELL AS 14 INTERNATIONAL AFFILIATES IN OTHER COUNTRIES INCLUDED	INWANTED EMPLOYED GOODS PAID PHY OF "A
A	WELL AS 14 INTERNATIONAL APPLICATES IN OTHER COUNTRIES INCLUD	ING SOUTH
	(Code ) (Expenses \$ Including grants of \$ ) (Revenue \$	
4c	(Code: ) (Expenses \$including grants of \$) (Revenue \$	. )
		•
		•
4d	Other program services (Describe in Schedule O )	
	(Expenses \$ including grants of \$ ) (Revenue \$	
4e	Total program service expenses ▶ 8,085,914	
DAA		Form <b>990</b> (2017)

	$\Lambda \circ \Lambda \circ \Lambda \circ \Lambda$			103920
Eorm	950 (2017) 'GOODWILL INDUSTRIES OF NORTHEAST 35-1905018 ABOM	كر	,	age 3
	irt V Checklist of Required Schedules			age J
22140	TENTE OFFICE AND CONTROL OF TREGUNDS		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		163	110
•	complete Schedule A	1	X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3	[	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			İ
	Part III	5		Χ
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		1	,
	"Yes," complete Schedule D, Part I	6_	<u> </u>	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	L	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		1	
	complete Schedule D, Part III	8_	L	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a		1	
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9_	<b> </b>	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			Í
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	1	v	ĺ
	complete Schedule D, Part VI	11a	X	ļ
b	·	1		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	<del> </del> -	X_
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44.5		X_
А		11c	-	
d	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ĺ	X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	<u>^</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		<del>-</del>
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>	<u> </u>	<del>                                     </del>
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1-1-1		
_	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a		14a		Х
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate		ŀ	ŀ
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		ĺ	l
	employees? If "Yes," complete Schedule J	23		X
24a	· · · · · · · · · · · · · · · · · · ·			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b		ļ	
	through 24d and complete Schedule K If "No," go to line 25a	24a	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	ļ	<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	<u> </u>	<del> </del>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<u>24d</u>	<b> </b>	——
25a				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<u> </u>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior		Į	
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?		İ	
	If "Yes," complete Schedule L, Part I	25b	<u> </u>	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	İ		
	current or former officers, directors, trustees, key employees, highest compensated employees, or	-	ļ	١,,
	disqualified persons? If "Yes," complete Schedule L, Part II	26	<u> </u>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	ł		
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1,7
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	20-		V
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	├	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	201	ĺ	v
_	Schedule L, Part IV	28b	╁┈─	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20-	[	X
20	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	┼≏-
29	Did the organization receive more than \$25,000 in horizosti contributions? In Fes, complete scriedule in  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23	<u> </u>	$\leftarrow$
30		20		X
31	conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30	├	+≏
31	Part I	31	]	x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	-31	<u> </u>	┼≏
JŁ	complete Schedule N, Part II	32	}	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_ <del></del>	_	<del>  ^``</del>
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		<del>  ^``</del>
<b>-</b>	or IV, and Part V, line 1	_ 34	l	x
35a		35a	$\vdash$	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	1000	$\vdash$	<del>  ^``</del>
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	338		<del>                                     </del>
55	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	55	_	†
Ji	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI	37	ł	<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	<del>"</del>	$\vdash$	†
	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	Ī
_	The state of the s			0.0047

14a

14b

Form **990** (2017)

C

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

X

Form 990 (2017) GOODWILL INDUSTRIES OF NORTHEAST

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI

Sec	lon A. Governing Body and Management									
4-	Enter the number of voting members of the governing hady at the end of the tay year	1 40	, .	16		Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or	1a	╁╌	<u>. U</u>						
	If the governing body delegated broad authority to an executive committee or similar		l							
	committee, explain in Schedule O	1	ł							
ь	Enter the number of voting members included in line 1a, above, who are independent	1b	-	16						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		<u> </u>							
_	any other officer, director, trustee, or key employee?				2		X			
3	Did the organization delegate control over management duties customanly performed by or under the direct					<u> </u>	<del>- ^</del>			
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?				3	ĺ	X			
4										
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				5		X			
6	Did the organization have members or stockholders?				6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint					<u> </u>	1			
	one or more members of the governing body?				7a		X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,									
-	stockholders, or persons other than the governing body?				7b	l	X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ov the f	follo	wing	7					
а	The governing body?			J	8a	Х	- AND THE PROPERTY OF THE PARTY			
b	Each committee with authority to act on behalf of the governing body?				8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at									
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9	<u> </u>	X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Inte-	ma <u>l</u> R	ev	enue (	Code.)					
						Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?				10a	<u> </u>	<u>X</u>			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,					ļ	]			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	X	<u></u>			
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
þ	b Describe in Schedule O the process, if any, used by the organization to review this Form 990									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	<u> </u>			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	o confli	cts?	•	12b	X	<u> </u>			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"				1	١				
	describe in Schedule O how this was done				12c	X	<del> </del>			
13	Did the organization have a written whistleblower policy?				13	X	<del> </del>			
14	Did the organization have a written document retention and destruction policy?				14	X				
15	Did the process for determining compensation of the following persons include a review and approval by									
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					2				
а	The organization's CEO, Executive Director, or top management official				15a	X	<del> </del>			
D	Other officers or key employees of the organization		•		15b	_^_				
40-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					i				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				460		Х			
_	with a taxable entity during the year?		•		16a					
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				ł					
	organization's exempt status with respect to such arrangements?				16b					
Sec	tion C. Disclosure						<u> </u>			
17	List the states with which a copy of this Form 990 is required to be filed IN		_			_				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(	c)(3)s (	(עותר	1						
	available for public inspection. Indicate how you made these available. Check all that apply.	-,,-,- (		,						
	X   Own website   X   Another's website   X   Upon request   Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	policy	ann	ı						
	financial statements available to the public during the tax year.	,y,		-						
20	State the name, address, and telephone number of the person who possesses the organization's books and records	s: <b>&gt;</b>								
	ARRY HOLZINGER 1516 MAGNAVOX WAY									
	DRT WAYNE IN 468	04		_ 2	60-47	8-7	617			

Form 990 (2017	'GOODWILL	INDUSTRIES	OF	NORTHEAST	35-1905018	Page 7						
	-		ectors	, Trustees, Key	Employees, Highest Compensate	d Employees, and						
	Independent Contractors											
	Check if Schedule O contains a response or note to any line in this Part VII											
Section A.	Officers, Director	s. Trustees. Kev Em	plovees	s, and Highest Com	pensated Employees							

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee"

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) (C) Average Position (do not check more than one box, unless person is both an officer and a director/trustee) hours for					s both	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	nours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1)MELISSA BEBER										<u> </u>	
	1.00	1									
VICE CHAIR	0.00	X		X	_	L_		0	0	0	
(2) STAN BIEBERICH		1		ŀ				1			
	1.00			ł					_		
DIRECTOR	0.00	X	<u> </u>	<u> </u>	<u> </u>		<u> </u>	0	0	0	
(3) DOUG BARROW											
	1.00			١					( ا		
SECRETARY	0.00	X	<u> </u>	X	<u> </u>	<u> </u>	<u> </u>	0	0	0	
(4) NICHOLAS ELKINS	1 00	İ			ĺ				Í		
	1.00	,,								•	
DIRECTOR	0.00	X	-	├	⊢	-		0	0	0	
(5) JACQUELYN FELLER											
DIDECMOD	1.00	X	l	ł	1	l		o	o	0	
DIRECTOR (6) CHAD GLASSBURN	0.00	╁	┢─		-	╁	<del> </del>	<del></del>		0	
(6) CHAD GLASSBORN	1.00	1	l		l						
DIRECTOR	0.00	X						0	o	0	
(7) AMY HOCHSTETLER	0.00	1	$t^{-}$		<del>                                     </del>	_	-		————— <del>"</del>		
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.00						'				
DIRECTOR	0.00	X	ļ .	ļ				0	ol	0	
(8) LAURA MASER			Τ								
.,	1.00		ļ		ļ	]	]	]			
CHAIR	0.00	X		X				ol	0	0	
(9) TIMOTHY MANGES											
	1.00										
DIRECTOR	0.00	X	L					0	0	0	
(10) TODD NICHOLS											
	1.00	ĺ		ļ							
DIRECTOR	0.00	X	<u> </u>	<u> </u>				0	0	0	
(11) JOE O'CONNOR	Ì										
	1.00		Ì	١.	Ì			Ì			
TREASURER	0.00	X		X		<u> </u>		0	0	0	

Form 990 (2017) GOODWILL INDUSTRIES OF NORTHEAST 35-1905018 Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) Part VII (A) (D) (F) Average Position Reportable Reportable Estimated Name and title (do not check more than one compensation from compensation hours per amount of box, unless person is both an related other week from officer and a director/trustee) organizations (list any the compensation (W-2/1099-MISC) hours for organization from the Officer Institutional trustee (W-2/1099-MISC) related organization idividual trustee r director ignest compensated inployee employee and related organizations organizations below dotted line) RANDY RUSK (12)1.00 X IMMEDIATE PAST CHAIR 0.00 0 0 (13)WIL SMITH 1.00 0.00 Χ 0 0 0 DIRECTOR EDWARD WELLING 1.00 X 0 0 DIRECTOR 0.00 0 (15)GARY YARGER 1.00 0.00 X 0 0 0 DIRECTOR STEVEN ZACHER (16)1.00 X DIRECTOR 0.00 0 0 0 WILLIAM WARRINER (17)40.00 114,945 0 0.00 Х 20,866 PRESIDENT & CEO 114,945 20,866 1b Sub-total Total from continuation sheets to Part VII, Section A  $\triangleright$ 114,945 20,866 Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No Did the organization list any former officer, director, or trustee, key employee, or highest compensated 3 employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (C) Compensation

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶

Pa	rt VI		nent of Reve if Schedule C		tains a i	response (	or note to any line	in this Part VIII		П
		7.7					(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
								function revenue	revenue	under sections 512-514
र्घ रा	1a	Federated cam	npaigns	<u>1</u> a						
盲	b	Membership di	ues	1b						
SE S	С	Fundraising ev	ents	1c						
훒	d	Related organi	zations	1d						
imi	е	Government grants (	(contributions)	1e		350,733				
it is	f	All other contribution								
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts	not included above	1f	5,	149,624 043,839				
를	g		ns included in lines 1a-1	† :	5,	_				
_	_ <u>h</u>	Total. Add line	s 1a_1f				5,500,357			
Program Service Revenue						Busn. Code				
e e	2a					<u> </u>			<del></del>	<del></del>
8	b					ļ		<u> </u>		
Ž	6							<del></del>	<u> </u>	
ı Ş	a									
grar	f	All other progr	am service reven				<u> </u>	<del> </del>		
P		Total. Add line		ue						
$\neg$	3		ome (including d	vidend	s. interes	t.				
		and other simil	, -			· •	9,652			9,652
	4		vestment of tax-	exemp	t bond pro	oceeds >				
	5	Royalties		•		<b>•</b>				
			(i) Real		(II) F	Personal				
	6a	Gross rents								
	b	Less rental exps		]						
	С	Rental inc or (loss)								
	d	Net rental inco	me or (loss)							
	7a	Gross amount from sales of assets	(i) Secunties		(11)	) Other				
		other than inventory			<b> </b> -					
	Ь	Less cost or other			1					
		basis & sales exps	<u> </u>		ļ	96				
	ı	Gain or (loss)	Ļ		L	<u>-96</u>		0.6		
	,	Net gain or (los		. 1			-96	-96 		
93	8a		om fundraising even	ເຮ			# E #			F & 3
Ven	1	(not including \$	reported on line 1c)							
æ	ľ	See Part IV, line		a						
Other Revenue	h	Less. direct ex		b			, <del>, , , , , , , , , , , , , , , , , , </del>	, ,	Part of the state	
ŏ			(loss) from fundr	- 1	events	<b>•</b>		]		
	ı		om gaming activities	7 1	<u>:</u> -					<del></del>
		See Part IV, line	• •	a			}			
	ь	Less: direct ex		ь						
	1		(loss) from gamin	ng acti	vities	<b></b>				
		Gross sales of		•						
	ŀ	returns and all	owances	а	8,	072,523		<u> </u>		
	b	Less: cost of g	oods sold	ь	5,	281,280				<u>k</u>
	_ <u>c</u>	Net income or	(loss) from sales	of inv	entory	<u> </u>	2,791,243			2,791,243
		Mis	cellaneous Revenue			Busn. Code			<b>多。多。</b>	
	11a	MISCELLAN	NEOUS INCOME				3,013			3,013
	ь		•		-	<u></u>	ļ	ļ		
	С							ļ		
	d	All other reven				L	<del> </del>			
	е	Total. Add line				<b>•</b>	3,013			
	12	Total revenue	e. See instruction	s		<u> </u>	8,304,169	-96	0	2,803,908

Section	on 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respor			ete column (A)	
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	-			
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				<u> </u>
5	Compensation of current officers, directors,				
	trustees, and key employees	135,812		125,387	10,425
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salanes and wages	4,482,671	4,075,263	406,917	491
8	Pension plan accruals and contributions (include	60 60 5		17 000	
	section 401(k) and 403(b) employer contributions)	68,625	50,657	17,968	
9	Other employee benefits	645,897	608,792	<u> 36,676</u>	
10	Payroll taxes	421,269	380,569	39,826	8/4
11	Fees for services (non-employees)				
а	Management	1 (0)	000	777	
b	Legal	1,605	828	777 28,308	
C	Accounting	28,308		28,308	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				·
g	Other (If line 11g amount exceeds 10% of line 25, column	10 550	1 312	6,246	
40	(A) amount, list line 11g expenses on Schedule (O)	10,558 100,873	4,312 84,943	7,119	8,811
12	, , , , , , , , , , , , , , , , , , ,	257,671	220,230	37,242	
13	Office expenses Information technology	231,011	220,230	5/,242	177
14	Royalties				-
15	Occupancy	1,704,384	1,674,248	29,323	813
17	Travel	264,200	253,586		
18		2017200	200/200	10,100	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,717	6,744	7,387	586
20	Interest	43,714			
21	Payments to affiliates	86,554			
22	Depreciation, depletion, and amortization	370,649			
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а		201,960	186,411	15,549	
b	POSTAGE AND SHIPPING	54,533	53,225	1,270	38
c	RENTAL AND MAINTENANCE EQ	53,913			
d	MISCELLANEOUS	17,100	13,011	4,039	50
е	•				
25	••	8,965,013	8,085,914	856,008	23,091
26					

**Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 756,838 Cash-non-interest bearing 600,509 Savings and temporary cash investments 951,675 2 619,078 Pledges and grants receivable, net 172,202 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 Notes and loans receivable, net 7 482,721 485,513 Inventories for sale or use 8 Prepaid expenses and deferred charges <u>140,386</u> 133,608 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 2,736,700 b Less. accumulated depreciation 10b 2,477,550 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 12 13 Investments—program-related See Part IV, line 11 13 14 Intangible assets 14 13,552 15 Other assets See Part IV, line 11 15 6,254,074Total assets. Add lines 1 through 15 (must equal line 34) 16 477,663 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 759,737 843,988 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25,906 of Schedule D 1,347,557 1,269,056Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 4,906,517 4,260,557 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 4,906,517 4,260,557 33 Total net assets or fund balances 33 6,254,074 5,529,613 Total liabilities and net assets/fund balances

orm	990 (2017) 'GOODWILL INDUSTRIES OF NORTHEAST 35-1905018			Pag	e 12
Pa	Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	8 <b>,</b> 30		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,96		
3	Revenue less expenses Subtract line 2 from line 1	3		60,8	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,90	06,5	<u> 517</u>
5	Net unrealized gains (losses) on investments	5_			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		14,8	<u> 884</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	4,20	50,5	<u> 557</u>
Pa	TixIII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990.				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		7		
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	X   Separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			1	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			1	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Fon	ա <b>990</b>	(2017)

# SCHEDULE A' (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

2017
Open to Public

OMB No 1545-0047

Internal Revenue Service

Name of the organization

Department of the Treasury

GOODWILL INDUSTRIES OF NORTHEAST INDIANA, INC.

 Employer identification number 35-1905018

2				)(ii). (Attach Schedule E (Form 9				1				
3	Ц			organization described in section								
4	Ш	A medical rese city, and state		n conjunction with a hospital des	scribed in	section 1	70(b)(1)(A)(iii). Enter the hosp	tal's name,				
5		An organization	on operated for the benefit of	a college or university owned or	operated '	by a gove	mmental unit described in					
	_	section 170(l	o)(1)(A)(iv). (Complete Part II	)								
6		A federal, stat	e, or local government or gov	remmental unit described in sect	tion 170(	b)(1)(A)(v	r).					
7	X  	-	on that normally receives a su section 170(b)(1)(A)(vi). (Col	bstantial part of its support from mplete Part II)	a governi	mental un	it or from the general public					
8		A community	trust described in section 17	0(b)(1)(A)(vi). (Complete Part II.	.)							
9				nbed in section 170(b)(1)(A)(ix) agniculture (see instructions) En								
10		An organization receipts from support from s	activities related to its exemp gross investment income and	more than 33 1/3% of its support functions—subject to certain exunrelated business taxable inco 1975 See section 509(a)(2).	ceptions, me (less :	and (2) n section 51	o more than 33 1/3% of its					
11		An organization	on organized and operated ex	clusively to test for public safety	See sec	tion 509(	a)(4).					
12		of one or more	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g									
	а											
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the											
		supporting	g organization. You must co	mplete Part IV, Sections A and	iB.							
	b	control or		ervised or controlled in connection  g organization vested in the sam  art IV. Sections A and C.								
	С	Type III f	unctionally integrated. A su	pporting organization operated in uctions) You must complete P								
	d	Type III n	on-functionally integrated.	A supporting organization opera	ited in cor	nection w	rith its supported organization(s)	)				
			•	organization generally must satis	-	-						
	е		•	ust complete Part IV, Sections ved a written determination from								
	-			functionally integrated supporting			Type I, Type III, Type III					
	f	Enter the num	nber of supported organization	ns								
	g	Provide the fo	llowing information about the	supported organization(s).								
(I)		ne of supported ganization	(II) EIN	(iii) Type of organization (described on lines 1–10	_	r governing	(v) Amount of monetary support (see	(vI) Amount of other support (see				
				above (see instructions))	Yes	nent? No	instructions)	instructions)				
(A)	_											
(B)	_		-									
(C)								,				
					<del>                                     </del>							
(D)	_											
(E)												
Tota	1											

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	ion A. Public Support	<u> </u>		·	. L					
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total			
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	5,295,970	5,075,847	5,645,068	5,469,702	5,500,357	26,986,944			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3	5,295,970	5,075,847	5,645,068	5,469,702	5,500,357	26,986,944			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					1914 1 9174 1 19174				
6	Public support. Subtract line 5 from line 4						26,986,944			
Sec	tion B. Total Support									
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	( <b>d</b> ) 2016	(e) 2017	(f) Total			
7	Amounts from line 4	5,295,970	5,075,847	5,645,068	5,469,702	5,500,357	26,986,944			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	6,732	4,172	4,819	8,762	9,652	34,137			
9	Net income from unrelated business activities, whether or not the business is regularly carried on									
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	5,062	5,305	7,347	3,181	2,013	22,908			
11	Total support. Add lines 7 through 10						27,043,989			
12	Gross receipts from related activities, etc. (					12				
13	First five years. If the Form 990 is for the		second, third, four	h, or fifth tax year a	as a section 501(c)	(3)	▶ □			
<del></del>	organization, check this box and stop here tion C. Computation of Public Su		200							
				(A)		144	00 709/			
14	Public support percentage for 2017 (line 6,		-	(1))		14	99.79 <b>%</b> 99.78 <b>%</b>			
15	Public support percentage from 2016 Sche 33 1/3% support test—2017. If the organi			and line 14 is 33	1/3% or more, che		99.7676			
104	box and stop here. The organization qualif				17570 of more, cale	JK UIIS	<b>▶</b> [X]			
ь	33 1/3% support test—2016. If the organi	•			is 33 1/3% or more	check	• (1)			
b	this box and stop here. The organization q					, oncor	▶ □			
17a	10%-facts-and-circumstances test—201				or 16b, and line 1	4 is	۔ ۔			
	10% or more, and if the organization meets									
	Part VI how the organization meets the "factorganization						▶ □			
b	10%-facts-and-circumstances test—201					ne	ے د			
	15 is 10% or more, and if the organization is					·hv				
	Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly									
40	supported organization  Private foundation. If the organization did	not check a hov or	1 line 13 162 16h	17a or 17h check	this how and see	•				
18	instructions	HOLGIECK & DUX OF	, mie 10, 10a, 10b,		THE DOX BILL SEE	-	. •			

Schedule A (Form 990 or 990-EZ) 2017

Part III Support Sched

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

	If the organization fails to	qualify under th	e tests listed b	elow, please co	omplete Part II.	)		
	ion A. Public Support				T		<del></del>	<u>/</u>
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	/	(f) Total
•	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						1	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	_						
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge			<u>f</u>				
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			<i>j</i>				
С	Add lines 7a and 7b		/				-15 - 4-7 <sub>1</sub> 2	
8	Public support. (Subtract line 7c from							
0	line 6)							
	tion B. Total Support dar year (or fiscal year beginning in)	(a) 2013	/(b) 2014	(c) 2015	(d) 2016	(e) 2017	,	(f) Total
		(a) 2013	/ (6) 2014	(6) 2013	(u) 2010	(e) 2017		(i) iotai
9	Amounts from line 6			<u> </u>				-
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							_,
С	Add lines 10a and 10b	, <del></del>	<u> </u>				-	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)		<u> </u>			L		
14	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, four	th, or fifth tax year	as a section 501(c)	(3)		▶ [
Sec	tion C. Computation of Public S		tage					
15	Public support percentage for 2017 (line 8	, column (f) divided	by line 13, column	(f))			15	%
16	Public support percentage from 2016 Sche						16	%
	tion D. Computation of Investme							
17	Investment income percentage for 2017 (I	ine 10c, column (f)	divided by line 13, o	column (f))	_	-	17	%
18	Investment income percentage from 2016				-		18	%
19a	33 1/3% support tests—2017. If the orga	inization did not che	eck the box on line	14, and line 15 is m	nore than 33 1/3%,	and line		_
	17 is not more than 33 1/3%, check this bo	ox and stop here. 1	The organization qu	alifies as a publicty	supported organiz	ation		▶ ∟
b	33 1/3% support tests—2016. If the orga							_
	/line 18 is not more than 33 1/3%, check th						•	<b>•</b> [_
20 /	Private foundation. If the organization did	d not check a box o	n line 14, 19a, or 19	9b, check this box	and see instructions	3		. ▶ ∟
/								

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

#### Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No  1 1 2 2 3a 3b 3c 44a 4b 4b 4c 4c 5a 5b 5c 6 6 7 7 8 8 9a 9b 9c 10a 10b prm 990 or 990-E2) 2017			
3a 3a 3a 3a 3a 3a 3a 3a 3a 3a 3a 3a 3a 3			
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3b	<i>3</i> a		
3b			
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3c			
3c	3b		
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4b			ge mannet et te
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4c		SELECTION AND ARREST	
4c	4b		
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5a   5b   5c   66   77   88   9a   9b   9c   10a   10b	4c		
5a   5b   5c   66   77   88   9a   9b   9c   10a   10b			
5a   5b   5c   66   77   88   9a   9b   9c   10a   10b			
5a   5b   5c   66   77   88   9a   9b   9c   10a   10b			
5a   5b   5c   66   77   88   9a   9b   9c   10a   10b			
5a   5b   5c   66   77   88   9a   9b   9c   10a   10b			
5a   5b   5c   66   77   88   9a   9b   9c   10a   10b			
5b 5c 6 6 8 9a 9b 9c 10a 10b	52		
5b			
5c 6 6 7 7 8 8 9a 9b 9c 10a 10b			
5c 6 6 7 7 8 8 9a 9b 9c 10a 10b	5b		
6 7 7 8 8 9a 9b 9c 10a 10b			
6			
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6 7 7 8 8 9a 9b 9c 10a 10b	45		
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9c 10a			
9c 10a 10b			
9c 10a 10b			
10a			
10a   10b	9c		
10b			
10b			
10b			
10b	100		
10b	IVA		30-
	10h	1	

Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

chedule A (Form 990 or 990-EZ) 2017 GOODWILL INDUSTRIES OF NORTH		<del>~</del>	018 Page <b>6</b>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 2			
instructions. All other Type III non-functionally integrated supporting organizations must of Section A - Adjusted Net Income	(B) Current Year (optional)		
1 Net short-term capital gain	1		(opiional)
2 Recovenes of pnor-year distributions	2		
3 Other gross income (see instructions)	3		<del></del>
4 Add lines 1 through 3	4		<del></del>
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		<del></del>
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		<del></del>
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c_		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,	]		
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recovenes of pnor-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1_1_		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally integrated Type	pe III su	upporting organization (see	
instructions).			

	chedule A (Form 990 or 990-EZ) 2017 GOODWILL INDUSTRIES OF NORTHEAST 35-1905018 Page 7  Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
	on D - Distributions			Current Year		
	Amounts paid to supported organizations to accomplish exempt purposes					
	Amounts paid to perform activity that directly furthers exempt purposes of					
	organizations, in excess of income from activity					
	Administrative expenses paid to accomplish exempt purposes of supporte	ed organizations				
	Amounts paid to acquire exempt-use assets		· · · · · · · · · · · · · · · · · · ·			
	Qualified set-aside amounts (prior IRS approval required)		,,			
	Other distributions (describe in Part VI) See instructions			·		
<del>_</del>	Total annual distributions. Add lines 1 through 6					
	Distributions to attentive supported organizations to which the organization	n is responsive				
0	(provide details in Part VI) See instructions	in io rooponoivo				
9	Distributable amount for 2017 from Section C, line 6	<u>. ,</u>				
	Line 8 amount divided by line 9 amount			,-		
10	Line 8 amount divided by line 9 amount	(i)	(ii)	(iii)		
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable		
	Section E - Distribution Allocations (see manuctions)	LACESS DISTINGUIS	Pre-2017	Amount for 2017		
	Databatable amount for 2017 from Control C. line 6			Amount for 2017		
1	Distributable amount for 2017 from Section C, line 6		Total and the community of the characters.			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI) See					
	Instructions					
3	Excess distributions carryover, if any, to 2017					
a	And the state of t					
	From 2013					
	From 2014					
	From 2015					
	From 2016					
	Total of lines 3a through e					
	Applied to underdistributions of prior years					
	Applied to 2017 distributable amount					
<del>-                                    </del>	Carryover from 2012 not applied (see instructions)					
<u> </u>	Remainder Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2017 from					
	Section D, line 7 \$					
	Applied to underdistributions of prior years					
	Applied to 2017 distributable amount					
	Remainder Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2017, if					
	any Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI See instructions					
6	Remaining underdistributions for 2017. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in		*****			
	Part VI See instructions					
7	Excess distributions carryover to 2018. Add lines 3j					
	and 4c.  Breakdown of line 7:					
	Excess from 2013					
	Excess from 2014			<del></del>		
	Excess from 2015					
	Excess from 2016					
е	Excess from 2017		<u> </u>	evenue numerica de la constante de la constant		

Schedule A (Form 990 or 990-EZ) 2017

GOODWILL INDUSTRIES OF NORTHEAST

35-1905018

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions)

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS INCOME

Ś

22,908

SCHEDULE D' (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information OMB No. 1545-0047

Name of the organization Employer identification number GOODWILL INDUSTRIES OF NORTHEAST 35-1905018 INDIANA, INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified histonic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes No and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. PartIII Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X Schedule D (Form 990) 2017

		INDUSTRIES					<u>905018                                   </u>				age 2
Pā	Maintainir Organizations Maintainir	ng Collections of	Art, Histor	ical Tre	easures, or	Other	Similar Ass	ets (d	ontinu	ed)	
3	Using the organization's acquisition, access collection items (check all that apply)	on, and other records, o	check any of t	he follow	ing that are a s	ignifican	t use of its				
а	Public exhibition	d 🗌 i	oan or excha	inge prog	ırams						
b	Scholarly research	e 🗌 (	Other								
С	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explain he	ow they furthe	r the org	anızatıon's exe	mpt purp	ose in Part				
	XIII.										
5	During the year, did the organization solicit of	or receive donations of a	art, historical t	reasures	, or other similar	ar					
	assets to be sold to raise funds rather than t	to be maintained as part	of the organi	zatio <u>n</u> 's c	collection?				Ye	s [	No
Pa	nt IV Escrow and Custodial A	rrangements.		<u> </u>							
	Complete if the organization	on answered "Yes"	on Form 9	90, Par	rt IV, line 9,	or repo	orted an amo	unt or	n Form		
	990, Part X, line 21.										
1a	Is the organization an agent, trustee, custod	ian or other intermediar	y for contribut	ions or o	ther assets no	1					
	included on Form 990, Part X?								Ye	s	No
b	If "Yes," explain the arrangement in Part XII	and complete the follow	ving table.								
	•								Amoun	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line 2	, for escrow	or custod	ial account liab	ulity?			Ye	s	No
b	If "Yes," explain the arrangement in Part XII	Check here if the expl	anation has b	een prov	ided on Part X	III .			_		1
	rt V Endowment Funds.										
	Complete if the organization	on answered "Yes"	on Form 9	90, Par	rt IV, line 10	١.					
	<del></del>	(a) Current year	(b) Pnor y	rear	(c) Two years	back	(d) Three years	back	(e) Fou	r years t	back
1a	Beginning of year balance										
	Contributions										
С	Net investment earnings, gains, and										
	losses				1						
d	Grants or scholarships										
	Other expenditures for facilities and										
	programs	]			ļ						
f	Administrative expenses										
۵	End of year balance										
2	Provide the estimated percentage of the cui	rent year end balance (	line 1a. colum	ın (a)) he	ld as						
а	Board designated or quasi-endowment ▶	%	<b>3</b> .	` '/'							
b	Permanent endowment ▶ %	6									
c	Temporanly restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sh	ould equal 100%.									
3a	Are there endowment funds not in the possi		n that are hel	ld and ad	ministered for	the					
	organization by	· ·								Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
ь	If "Yes" on line 3a(ii), are the related organiz	zations listed as required	on Schedule	R?				•	3b		abla
4	Describe in Part XIII the intended uses of the	•		•				• •	للتيتا		
Ď:	ทั่งไม่ Land, Buildings, and Eq										
0.0	Complete if the organization	-	on Form 9	90. Pai	rt IV line 11	a See	Form 990 F	Part X	line 10	)	
	Description of property	(a) Cost or other b		(b) Cost or o			Accumulated	1	(d) Book		
		(investment)		(oth	l l	• •	epreciation		(,		
10	Land	<del>-  </del>			91,805					91,	805
	Buildings				96,861	1	,321,998	1	1,0		
	·	·			23,222		,042,483			80,	
	Leasehold improvements	<del></del>			45,289		, 115, 146			30,	
	Equipment	<del></del>		1,0	10,409	<u>_</u> _	, 110, 140	<del>' </del>	<u>/</u> .	<u>, u</u>	<u> </u>
	Other	Agual Form 000, Doct V	anluma (P1	line 40c				+	2 4	<del></del>	<u> </u>
rota	I. Add lines 1a through 1e (Column (d) must	ечиві готпі ээо, Рап Х	, wiumin (b),	iiie 10c.)	<del>'</del>			<del></del>	2,4	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>

Schedule D (Form 990) 2017	GOODWILL	INDUSTRIES	OF	NORTHEAST

<u>35-1905018</u>

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<b>EKSITANI</b>	Complete if the organization answered "Yes" o	n Form 990, Part IV, lır	ie 11b. See Form 990, P	art X. line 12.
	(a) Description of security or category	(b) Book value	(c) Method o	<del></del>
	(including name of security)		Cost or end-of-ye	ar market value
(1) Financial d	envatives			
	d equity interests			
(3) Other				
(A)				
(B)			<del></del>	
(C)				
(D)				<del></del>
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12)▶			
Part VIII	Investments—Program Related.	<del></del>		
	Complete if the organization answered "Yes" o	n Form 990, Part IV, Iir	<u>ne 11c. See Form 990, P</u>	art X, line 13.
	(a) Description of investment	(b) Book value	(c) Method o	f valuation
			Cost or end-of-ye	ar market value
_(1)			<u> </u>	
(2)				
(3)				
(4)				
(5)	- <del></del>			
_(6)	<del></del>		<u> </u>	
_(7)				
(8)				
_(9)				
	n (b) must equal Form 990, Part X, col (B) line 13 ) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or	<u>n Form 990, Part IV, Iir</u>	ne 11d See Form 990, P	
	(a) Description			(b) Book value
_(1)			<del></del>	
_(2)	<del> </del>		<del></del>	
_(3)				
_(4)		<del></del>	<del></del>	
_(5)				
(6)				
_(7)				
(8)				ļ. — — — — — — — — — — — — — — — — — — —
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15)		<u> </u>	<u> </u>
PartX	Other Liabilities.	- F 000 D-+ N/ li		000 D-4 V
	Complete if the organization answered "Yes" of	on Form 990, Part IV, III	ne The or Th. See Form	990, Part X,
	line 25.	1 455 4 4		
1.	(a) Description of liability	(b) Book value		
T CODE	income taxes	0.20	1	
(2) ACCRU	JED OBLIGATION ON INTEREST SWAP	9,20	<u> </u>	

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ACCRUED OBLIGATION ON INTEREST SWAP	9,201	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	9,201	

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

che	dule D (Form 990) 2017 GOODWILL INDUSTRIES OF NORS	<u> </u>	<u> 35-1905018</u>	Page 4
Pa	rt:XI Reconciliation of Revenue per Audited Financial State	ements With	Revenue per Return.	
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line	e 12a.	
1	Total revenue, gains, and other support per audited financial statements		1	8,304,169
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	8,304,169
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	8,304,169
Pa	int XII Reconciliation of Expenses per Audited Financial Sta	itements Witl	h Expenses per Returi	ղ.
	Complete if the organization answered "Yes" on Form 99	0, Part IV, line	e 12a.	
1	Total expenses and losses per audited financial statements		1	8,965,013
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
а	Donated services and use of facilities	2a		
b	Pnor year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	, ,	_ 3	8,965,013
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	8,965,013

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information.

PART X - FIN 48 FOOTNOTE

Part XIII Supplemental Information.

GOODWILL IS A PUBLICLY SUPPORTED ORGANIZATION AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THEREFORE, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THESE FINANCIAL STATEMENTS.

GOODWILL HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2) OF THE INTERNAL REVENUE CODE.

THE ACCOUNTING STANDARD THAT PROVIDES GUIDANCE ON ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX

BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE

RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, GOODWILL MAY

RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE

Part XIII Supplemental Information (continued)

LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION.

EXAMPLES OF TAX POSITIONS INCLUDE THE TAX-EXEMPT STATUS OF GOODWILL AND VARIOUS POSITIONS RELATED TO THE POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME. THE TAX BENEFITS RECOGNIZED IN THE FINANCIAL STATEMENTS FROM SUCH A POSITION ARE MEASURED BASED ON THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE YEARS ENDED DECEMBER 31, 2017 AND 2016.

GOODWILL FILES TAX RETURNS IN THE U.S. FEDERAL JURISDICTION AND THE STATE OF INDIANA. GOODWILL BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2014.

### SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No 1545-0047 2017

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

GOODWILL INDUSTRIES OF NORTHEAST

Inspection Employer Identification number

35-1905018 INDIANA, INC. **Part** Types of Property (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g 1 Art --- Works of art Art -- Historical treasures Art -- Fractional interests Books and publications Clothing and household 5,041,639 RESALE VALUE goods 2.200 FAIR MARKET VALUE Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities -- Publicly traded 10 Secunties - Closely held stock 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution - Historic structures Qualified conservation 14 contribution --- Other Real estate -- Residential 15 16 Real estate - Commercial Real estate - Other 17 18 Collectibles 19 Food inventory Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ► ( 26 Other ▶ ( 27 Other ▶ ( 28 Other ▶ ( 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II

- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
  - b If "Yes," describe in Part II.
- If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Schedule M (Form 990) 2017

Part II

GOODWILL INDUSTRIES OF NORTHEAST

35-1905018

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

OMB No 1545-0047

Open to Public

SCHEDULE O (Form 990 or 990-EZ)

\_ ' . .

#### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service

GOODWILL INDUSTRIES OF NORTHEAST INDIANA, INC.

Inspection Employer identification number

35-1905018

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT

KOREA, FINLAND, PHILIPPINES, TRINIDAD, VENEZUELA, THAILAND, BRAZIL, MEXICO, PANAMA, COSTA RICA AND URUGUAY. THE GOODWILL CAN TRACE ITS FORT WAYNE ROOTS BACK TO 1936, WHEN REVEREND HELMS PROPOSED A FEDERATION OF GOODWILL INDUSTRIES ACROSS NORTHERN INDIANA. THE FORT WAYNE GOODWILL WAS INCORPORATED WITH THE INDIANA SECRETARY OF STATE IN 1937 AND OPENED ITS DOORS ON JANUARY 3, 1938 AT 112 EAST COLUMBIA STREET.

GOODWILL INDUSTRIES OF NORTHEAST INDIANA, INC., HEADQUARTERED IN FORT WAYNE, PROVIDES OPPORTUNITIES FOR PEOPLE WITH DISABILITIES AND EMPLOYMENT BARRIERS TO BUILD INDEPENDENCE THROUGH EMPLOYMENT. WE BELIEVE THAT WORK IS THE KEY FACTOR IN THE ABILITY OF PEOPLE TO ACHIEVE DESIRABLE LIFE OUTCOMES. WITH IT COMES MORE THAN A PAYCHECK OR BENEFITS. WORK PROVIDES A SENSE OF PURPOSE, BUILDS SELF-ESTEEM, CREATES INDEPENDENCE, AND OPPORTUNITY TO PARTICIPATE IN THE GREATER ECONOMIC AND SOCIAL LIFE OF OUR COMMUNITY. EVERY PERSON WHO DONATES TO, SHOPS IN OUR STORES, HIRES SOMEONE THROUGH GOODWILL, OR SPREADS THE WORD ABOUT OUR MISSION, CREATES OPPORTUNITIES FOR OUR FRIENDS, FAMILY AND NEIGHBORS WITH DISABILITIES AND DISADVANTAGES.

GOODWILL ADDS UNIQUE VALUE IN OUR COMMUNITY BY EQUIPPING PEOPLE WHOSE OPTIONS ARE LIMITED BECAUSE OF DISABILITY, CRIMINAL HISTORY, LOW EDUCATION LEVEL, LACK OF WORK EXPERIENCE OR OTHER SIGNIFICANT BARRIER WITH JOBS (48% OR 220 EMPLOYEES AND 100% OF 582 CLIENTS SERVED FIT THESE CRITERIA IN 2017). \$2,411,306.00 MILLION IN WAGES (52% OF TOTAL PAYROLL) WERE EARNED BY PEOPLE WITH DISABILITIES AND EMPLOYMENT BARRIERS EMPLOYED BY GOODWILL

GOODWILL INDUSTRIES OF NORTHEAST

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LAST YEAR. THE PROJECTED FIRST-YEAR WAGES OF 70 CLIENTS PLACED INTO WORK EVALUATIONS (19) OR COMMUNITY EMPLOYMENT (51) TOTALED AN ADDITIONAL \$673,126.00.

GOODWILL IS OPERATING UNDER ITS EIGHTH CONSECUTIVE HIGHEST-POSSIBLE THREE-YEAR ACCREDITATION FROM THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF) FOR ITS COMMUNITY EMPLOYMENT SERVICES AND JOB DEVELOPMENT. GOODWILL'S CARF ACCREDITATION IS A PUBLIC COMMITMENT TO: 1) INVOLVE CLIENTS IN USING SERVICES THAT OPTIMIZE THEIR CHOSEN GOALS AND OUTCOMES; 2) BE ACCOUNTABLE TO OUR FUNDING SOURCES, REFERRAL AGENCIES AND COMMUNITY AT LARGE; AND 3) DELIVER EFFICIENT, CLIENT-FOCUSED PROGRAMS AND SERVICES THAT MEET NATIONAL STANDARDS FOR PERFORMANCE. THE ORGANIZATION IS SCHEDULED TO BE RE-SURVEYED BY CARF IN THE FALL OF 2018.

GOODWILL INDUSTRIES OF NORTHEAST INDIANA, INC. IS GOVERNED BY A 16 PERSON UNCOMPENSATED, INDEPENDENT VOLUNTEER BOARD OF DIRECTORS. THE GOODWILL BOARD AVERAGED 91% MEETING ATTENDANCE OVER CALENDAR YEAR 2017. 100% OF BOARD MEMBERS MADE A FINANCIAL CONTRIBUTION TO GOODWILL DURING 2017. 100% OF BOARD MEMBERS SIGNED AND ADHERED TO CODE OF ETHICS AND CONFLICT OF INTEREST POLICIES. PEOPLE WITH DISABILITIES, VETERANS AND PEOPLE OF DIFFERENT RACE, ETHNICITY, SEX, RELIGION, ETC. COMPRISED 56% OF GOODWILL'S BOARD.

THE ORGANIZATIONAL VALUES THAT GUIDE GOODWILL'S OPERATION AND WORKFORCE INCLUDE: RESPECT; STEWARDSHIP; ETHICS; GROWTH; AND WORK. THE STRATEGIC IMPERATIVES OF GOODWILL'S 2017-19 STRATEGIC PLAN CONTINUE TO FOCUS ON GROWTH AND INCLUDE: GROW THE MISSION; GROW THE BUSINESS; GROW THE PEOPLE;

PAGE 1 OF 9

GROW ORGANIZATIONAL EXCELLENCE; AND GROW THE BRAND.

GOODWILL COLLABORATES WITH MANY DIFFERENT ORGANIZATIONS: IN DIVISION OF DISABILITY & REHABILITATION SERVICES; SOCIAL SECURITY ADMINISTRATION; TRANSITION PARTNERS OF NORTHEAST IN; GAPP GROUP (GOODWILL, PARK CENTER & PATHFINDERS COLLABORATION); NORTHEAST IN SCHOOL SYSTEMS; DELL (COMPUTER RECYCLING); AND GOODWILL INDUSTRIES INTERNATIONAL.

PARTNERING WITH 5 OTHER AGENCIES ACROSS NORTHERN INDIANA (OPPORTUNITY ENTERPRISES, LOGAN COMMUNITY RESOURCES, PATHFINDERS, CORVILLA AND PARK CENTER), GOODWILL WAS APPROVED FOR FUNDING FROM THE STATE OF INDIANA TO PROVIDE PRE-EMPLOYMENT TRANSITION SERVICES TO YOUTH WITH DISABILITIES AGES 14-22. THIS LED TO NEW PARTNERSHIPS WITH METROPOLITAN SCHOOL DISTRICT (MSD) OF STEUBEN COUNTY, DEKALB COUNTY CENTRAL UNITED SCHOOL DISTRICT, DEKALB COUNTY EASTERN SCHOOL DISTRICT, EAST NOBLE SCHOOL CORPORATION AND EAST ALLEN COUNTY SCHOOLS. GOODWILL INDUSTRIES' PRE-ETS IS PROVIDING JOB EXPLORATION COUNSELING, WORK-BASED LEARNING EXPERIENCES, COUNSELING ON POSTSECONDARY OPPORTUNITIES, WORKPLACE READINESS, AND INSTRUCTION OF SELF-ADVOCACY TO STUDENTS WITH DISABILITIES.

PROFESSIONAL AFFILIATIONS (2017) INCLUDED: INDIANA ASSOCIATION OF
REHABILITATION FACILITIES (INARF); GOODWILL INDUSTRIES INTERNATIONAL, INC.;
SOCIAL SECURITY ADMINISTRATION (TICKET-TO-WORK); INDIANA ASSOCIATION FOR
PEOPLE IN SUPPORTED EMPLOYMENT (INAPSE); INDIANA UNIVERSITY INSTITUTE ON
DISABILITY & COMMUNITY; NORTHERN INDIANA HUMAN RESOURCES ASSOCIATION
(NIHRA); TRANSITION PARTNERS OF NORTHEAST INDIANA; GAPP GROUP (GOODWILL,
PARK CENTER & PATHFINDERS COLLABORATION); TRANSPORTATION ADVISORY

COMMITTEE; NATIONAL ASSOCIATION OF SOCIAL WORKERS; THE COMMISSION ON ACCREDITATION OF REHABILITATION FACILITIES (CARF); AND THE DISABILITY EXPO.

THE ONGOING INTERNAL AND EXTERNAL AUDITS THAT EVALUATE GOODWILL'S PROGRAM AND ORGANIZATIONAL EFFECTIVENESS INCLUDED: CARF ON-SITE SURVEY OF PROGRAMS; BETTER BUSINESS BUREAU STANDARDS FOR CHARITABLE ACCOUNTABILITY; INDEPENDENT FINANCIAL AUDIT BY EXTERNAL CPA FIRM; GOODWILL INDUSTRIES INTERNATIONAL MEMBERSHIP STANDARDS; AND OUTCOMES MEASURES REPORT ON PROGRAM GOODWILL FINANCIAL MANAGEMENT ANALYTICS FOR 2017 WERE VERY HEALTHY FOR THE NONPROFIT SECTOR AND INCLUDED: 90.4% OF TOTAL BUDGET TO PROGRAMS: 9.5% MANAGEMENT/GENERAL EXPENSE; AND .1% FUNDRAISING EXPENSE.

GOODWILL'S SERVICE AREA COVERS 10 NORTHEAST INDIANA COUNTIES-ALLEN, ADAMS, DEKALB, HUNTINGTON, JAY, LAGRANGE, NOBLE, STEUBEN, WELLS, AND WHITLEY. GOODWILL PROVIDES EMPLOYMENT COUNSELING, JOB TRAINING AND JOBS FOR PEOPLE WHO FACE BARRIERS TO FINDING AND KEEPING A JOB, INCLUDING PEOPLE WITH DISABILITIES, YOUTH WITH DISABILITIES, RECIPIENTS OF PUBLIC ASSISTANCE, AND PEOPLE WITH LIMITED EDUCATION OR WORK HISTORY. GOODWILL'S MISSION IS CARRIED OUT THROUGH A VARIETY OF PROGRAMS AND SERVICES, ALL WITH ONE GOAL-TO HELP PEOPLE WITH DISABILITIES OR OTHER DISADVANTAGES BECOME MORE SUCCESSFUL, PRODUCTIVE, AND INDEPENDENT. OUR SERVICES ARE INDIVIDUALIZED TO MEET THE NEEDS OF PROGRAM PARTICIPANTS AND INCLUDE:

1.DISCOVERY (JOB SHADOWS, INFORMATIONAL INTERVIEWS, SITUATIONAL ASSESSMENTS, WORK EXPERIENCE, VOCATIONAL GUIDANCE AND COUNSELING, VOCATIONAL TESTING AND CAREER EXPLORATION);

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- 2. JOB DEVELOPMENT AND PLACEMENT (RESUME PREPARATION, JOB SEEKING SKILLS TRAINING, INTERVIEWING, NETWORKING, JOB READINESS TRAINING AND PLACEMENT ASSISTANCE);
- 3.JOB COACHING / ON THE JOB SUPPORTS (LEARNING JOB DUTIES, UNDERSTANDING THE RULES OF WORK, EMPLOYMENT COUNSELING, NATURAL SUPPORT STRATEGIES AND EMPLOYMENT ADVOCACY); AND
- 4.EXTENDED SERVICES / FOLLOW-ALONG (ONGOING SUPPORT PROVIDED TO HELP PERSONS WITH SEVERE DISABILITIES MAINTAIN EMPLOYMENT).

THE NUMBER OF CLIENTS WITH DISABILITIES AND/OR EMPLOYMENT BARRIERS SERVED BY GOODWILL IN 2017 TOTALED 582.

174 PEOPLE RECEIVED JOB PLACEMENT INTENSIVE SERVICES IN 2017 INCLUDING: \$673,126.00 PROJECTED FIRST-YEAR WAGES OF 70 CLIENTS PLACED INTO COMMUNITY EMPLOYMENT OR WORK EVALUATIONS; STARTING WAGES RANGED FROM \$7.25 TO \$20.00 HOURLY; 60% OF CLIENTS PLACED INTO EMPLOYMENT HAD MULTIPLE DISABILITIES AND 40% A SINGLE DISABILITY; COGNITIVE (61.4%), MENTAL HEALTH (14.3%), SENSORY (15.7%) AND PHYSICAL/HEALTH RELATED (8.6%) WERE THE PRIMARY DISABILITY CATEGORIES OF GOODWILL CLIENTS SERVED.

138 WAS THE NUMBER OF HIGH-SCHOOL AGED STUDENTS WITH DISABILITIES (FROM 5 NORTHEAST INDIANA SCHOOL SYSTEMS) THAT RECEIVED WORK EXPERIENCE AND TRAINING OPPORTUNITIES AT GOODWILL.

GOODWILL INDUSTRIES OF NORTHEAST

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13,693 WAS THE TOTAL NUMBER OF INDIVIDUAL SERVICES PROVIDED TO GOODWILL'S CLIENTS AT NO COST TO THEM IN 2017.

GOODWILL RELIES UPON THE SALES OF DONATED ITEMS TO CREATE JOBS AND FUND OUR PROGRAMS FOR PEOPLE WITH DISABILITIES, DISADVANTAGES, AND OTHER BARRIERS TO EMPLOYMENT. IN FACT, 90.4 CENTS OF EVERY DOLLAR IS REINVESTED BACK INTO OUR NORTHEAST INDIANA COMMUNITY THROUGH JOBS, SERVICES AND PROGRAM RELATED EXPENSE. SIMPLY PUT, DONATIONS HELP GOODWILL CREATE JOBS AND PUT PEOPLE BACK TO WORK, AND WE BELIEVE THAT WORK HAS THE POWER TO TRANSFORM LIVES. THE POWER OF WORK ALLOWS THOSE WE EMPLOY AND SERVE TO GAIN SELF-ESTEEM, SKILLS, EXPERIENCE AND THE RESOURCES NEEDED TO LEAD MORE INDEPENDENT LIVES.

419 PEOPLE WHO WORKED FOR GOODWILL (IN JOBS RANGING FROM EMPLOYMENT SERVICES STAFF, STORE STAFF, TRUCK DRIVERS, MATERIAL HANDLERS, E-COMMERCE TECHNICIANS, ADMINISTRATIVE AND SUPPORT STAFF) PAID \$1,233,367.00 IN FEDERAL, STATE AND LOCAL TAXES.

469,315 PURCHASES WERE MADE IN GOODWILL'S 10 THRIFT STORES BY WOMEN, MEN, TEENAGERS, FAMILIES AND SENIOR CITIZENS WHO WERE PROVIDED A LOW-COST, HIGH-QUALITY SHOPPING EXPERIENCE. GOODWILL'S WIDE-ARRAY OF DONATED MERCHANDISE ATTRACTS SHOPPERS OF ALL AGES AND FROM ALL WALKS OF LIFE.

35,219 ADDITIONAL ON-LINE PURCHASES WERE MADE THROUGH GOODWILL'S E-COMMERCE STORE SHOPGOODWILL.COM.

\$452,468.00 WAS COLLECTED IN SALES TAX THROUGH THE GOODWILL STORES AND REMITTED TO THE STATE OF INDIANA.

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\$2,622,175.00 WAS RETURNED TO THE LOCAL ECONOMY FROM THE OPERATION OF GOODWILL'S PROGRAMS AND SERVICES.

370 HOUSEHOLDS, BUSINESSES, CHURCHES AND NEIGHBORHOODS RECEIVED FREE PICK-UP OF DONATED GOODS FROM GOODWILL. THE DONATION OF HOUSEHOLD GOODS ENTRUSTED TO GOODWILL, DRIVES THE ORGANIZATION'S ABILITY TO HELP PEOPLE OVERCOME THEIR BARRIERS TO EMPLOYMENT.

3,351,327 POUNDS OF DONATED TEXTILES, SHOES, PLASTICS AND OTHER GOODS UNSUITABLE FOR SALE IN THE GOODWILL STORES WERE REPURPOSED OR RECYCLED AND KEPT OUT OF THE WASTE STREAM. GOODWILL HAS BEEN A PIONEER OF THE "REDUCE, REUSE, REPURPOSE" PRACTICE OF UNWANTED, BUT STILL USABLE, ITEMS TO HELP CREATE A HEALTHIER ENVIRONMENT.

OUT-OF-DATE COMPUTER WORKSTATIONS AND DEVICES ARE WORTH A LOT TO GOODWILL.

IN FACT, WE'VE PARTNERED WITH DELL'S RECONNECT PROGRAM TO HELP NORTHEAST

INDIANA RESIDENTS EASILY AND RESPONSIBLY RECYCLE HOUSEHOLD ELECTRONIC WARES

AT NO COST TO THE DONOR. IN 2017, AN ADDITIONAL 111,389 ELECTRONIC WASTE

POUNDS (COMPUTERS AND PERIPHERALS) WERE RECYCLED AND DIVERTED FROM AREA

LANDFILLS.

WE THANK OUR GOODWILL DONORS, SHOPPERS AND SUPPORTERS. FOR SEEING THE VALUE OF GIVING UNWANTED ITEMS NEW LIFE, PROTECTING THE ENVIRONMENT AND HELPING TO LIFT OTHERS UP THROUGH THE POWER OF WORK.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

GOODWILL INDUSTRIES OF NORTHEAST

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THE GOODWILL CEO SHALL ENSURE THAT TAX PAYMENTS AND OTHER GOVERNMENT-ORDERED PAYMENTS OR FILINGS ARE FILED IN A TIMELY AND ACCURATE MANNER (WITHOUT USE OF EXTENSIONS UNLESS REQUIRED BY UNUSUAL CIRCUMSTANCES). THE CEO SHALL SIGN AND CERTIFY THAT THE IRS FEDERAL FORM 990 IS ACCURATE AND COMPLETE. THE FINANCE & RISK MANAGEMENT COMMITTEE SHALL REVIEW (FOR COMPLETENESS AND ACCURACY) AND APPROVE THE IRS FORM FEDERAL 990 ANNUAL TAX FILING PRIOR TO SUBMISSION, AND THE FULL BOARD SHALL RECEIVE A COPY OF THE DOCUMENT BEFORE ITS SUBMISSION. THE COMMITTEE'S REVIEW OF THE FEDERAL FORM 990 SHALL BE SUMMARIZED IN MEETING MINUTES AND INCLUDE THE FOLLOWING POINTS: DATE OF THE REVIEW, THE BOARD MEMBERS IN ATTENDANCE, SCOPE OF THE REVIEW, AND FEEDBACK AND/OR SUGGESTED REVISIONS. FEEDBACK AND/OR SUGGESTED REVISIONS SHALL BE TRANSMITTED VIA EMAIL OR

TELEPHONE (BY PERSONS DESIGNATED BY THE COMMITTEE) DIRECTLY TO THE INDEPENDENT FINANCIAL AUDITORS ENGAGED TO COMPLETE THE FEDERAL FORM 990.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE BOARD, OFFICERS, AND MANAGEMENT EMPLOYEES HAVE THE RESPONSIBILITY OF ADMINISTERING THE AFFAIRS OF GOODWILL HONESTLY AND PRUDENTLY, AND OF EXERCISING THEIR BEST CARE, SKILL, AND JUDGMENT FOR THE SOLE BENEFIT OF THOSE PERSONS SHALL EXERCISE THE UTMOST GOOD FAITH IN ALL TRANSACTIONS INVOLVED IN THEIR DUTIES, AND THEY SHALL NOT USE THEIR POSITIONS WITH GOODWILL OR KNOWLEDGE GAINED THEREFROM FOR THEIR PERSONAL BENEFIT. THE INTERESTS OF THE ORGANIZATION MUST BE THE FIRST PRIORITY IN ALL DECISIONS AND ACTIONS. ALL OFFICERS, MANAGEMENT EMPLOYEES AND BOARD MEMBERS SHALL FULLY ADHERE TO THE CONFLICT OF INTEREST POLICY, ANNUALLY DISCLOSE IN WRITING ANY ACTIVITY OR RELATIONSHIP, WHICH MAY BE PERCEIVED AS A CONFLICT OF INTEREST, AND A RECORD OF THAT DISCLOSURE IS MAINTAINED.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL THE GOODWILL EXECUTIVE COMMITTEE SHALL ALSO SERVE AS THE "COMPENSATION COMMITTEE" TO CONDUCT THE ANNUAL PERFORMANCE EVALUATION OF AND GOAL-SETTING WITH THE GOODWILL PRESIDENT/CEO. GOODWILL WILL FOLLOW THE PROCEDURE OF "REBUTTABLE PRESUMPTION" TO ENSURE COMPLIANCE WITH IRS GUIDELINES (IRC 4958) THAT PLACES RESTRICTIONS ON THE EXECUTIVE COMPENSATION OF "DISOUALIFIED PERSONS" WITHIN TAX-EXEMPT ORGANIZATIONS. GOODWILL WILL MEET THE THREE CRITERIA ESSENTIAL TO ESTABLISH THAT A TRANSACTION WAS NOT AN EXCESS BENEFIT TRANSACTION: (1) THE TRANSACTION WAS APPROVED IN ADVANCE BY AN AUTHORIZED BODY OF THE NONPROFIT ORGANIZATION COMPOSED OF INDEPENDENT/UNRELATED INDIVIDUALS WHO DO NOT HAVE A CONFLICT OF INTEREST; (2) THE AUTHORIZED BODY OBTAINED RELIED UPON APPROPRIATE DATA, SUCH AS A COMPENSATION REPORT OR PROOF OF FAIR MARKET VALUE, AS TO COMPARABILITY BEFORE MAKING ITS DECISION; AND (3) THE AUTHORIZED BODY ADEQUATELY DOCUMENTED THE BASIS FOR ITS DETERMINATION AT THE TIME IT MADE ITS DECISION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS SEE PART VI, SECTION B, LINE 15A.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

CONSISTENT WITH THE REQUIREMENTS OF SECTION 6104(D) OF THE INTERNAL REVENUE

CODE AND THE REGULATIONS HEREUNDER, COPIES OF THE ORGANIZATION'S FEDERAL

FORM 990 SHALL BE MADE AVAILABLE, UPON REQUEST, IN A CURRENT, ACCESSIBLE

AND TIMELY MANNER TO ANY INDIVIDUALS WHO REQUEST IT. THE FEDERAL FORM 990

SHALL ALSO BE POSTED ON GOODWILL'S WEBSITE FOR PUBLIC INSPECTION.

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization

GOODWILL INDUSTRIES OF NORTHEAST

**Employer identification number** 

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FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

CHANGE IN INTEREST RATE SWAP

\$ 14,884